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**THE ROLE OF RELATIONSHIPS IN COMPLETED SUICIDE: A GENDERED
ANALYSIS OF SUICIDE NOTES**

PROFESSIONAL DISSERTATION

SUBMITTED TO THE FACULTY

OF

**THE SCHOOL OF PROFESSIONAL PSYCHOLOGY
WRIGHT STATE UNIVERSITY**

BY

KOLINA J. DELGADO, PSY.M.

**IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE
OF
DOCTOR OF PSYCHOLOGY**

Dayton, Ohio

September, 2013

COMMITTEE CHAIR: Cheryl L. Meyer, Ph.D., J.D.

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WRIGHT STATE UNIVERSITY
SCHOOL OF PROFESSIONAL PSYCHOLOGY

June 26, 2012

I HEREBY RECOMMEND THAT THE DISSERTATION PREPARED UNDER MY SUPERVISION BY **KOLINA J. DELGADO** ENTITLED **THE ROLE OF RELATIONSHIPS IN COMPLETED SUICIDE: A GENDERED ANALYSIS OF SUICIDE NOTES** BE ACCEPTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF DOCTOR OF PSYCHOLOGY.

Cheryl L. Meyer, Ph.D., J.D.
Dissertation Director

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Abstract

Suicide is the eleventh leading cause of death in the United States. As such, it has been described as a major health problem. In the United States the male to female suicide ratio is approximately 4:1. Comparative analyses of suicide between men and women are needed to provide a more complete understanding of the suicide phenomenon. The current study built upon the literature related to gender and the role of relationships in suicidality. Through the analysis of suicide notes written by individuals who completed suicide, this study provides new insight into the role of gender and interpersonal dynamics in suicide and supplements information obtained from the suicide notes with coroner's records, providing for a more complete picture. The overall sample included 167 cases of completed suicide occurring between 2000 and 2009 in which a suicide note was left by the decedent. All cases had been referred to the Montgomery County Coroner's Office (Dayton, Ohio). Twenty-seven of the 167 cases were identified as being motivated by relationship problems. A content analysis and thematic analysis was completed comparing the 27 relationally motivated cases to the overall sample. In addition, a comparison was made between the male and female note writers in the relationally-motivated sample. There were substantial differences between the relationally motivated sample and the overall sample. In addition, there were striking male/female differences within the relationally motivated sample. These findings and their clinical implications will be discussed.

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The Role of Relationships in Completed Suicide: A Gendered Analysis of Suicide Notes

On September 10, 2008, in observation of World Suicide Prevention Day, Brian Mishara, President of the International Association for Suicide Prevention commented that, “We live in a world where we are preoccupied with wars, terrorist attacks and people killing other people, yet every year more people kill themselves than are killed in all wars, all terrorist attacks and all homicides” (United Nations, 2008). In the past 45 years, international suicide rates have increased 60 percent. Currently, suicide represents the 10th leading cause of death worldwide, accounting for almost one million premature deaths per year, or one death every 40 seconds (World Health Organization; WHO; 2010).

In 1999, the United States Surgeon General, David Stacher declared the national suicide rate a “serious health problem,” calling for a national prevention strategy (U.S. Public Health Service, 1999). Suicide represents the eleventh leading cause of death for all Americans (Centers for Disease Control and Prevention; CDC, 2010). The most recent statistical reports published by the CDC state that the rate of suicide in the United States is approximately 50% higher than that of homicide, accounting for more than 34,000 deaths annually. At these startling rates, 94 Americans die prematurely each day as a result of suicide (CDC, 2010). There has been an abundance of suicide related research conducted in an effort to gain knowledge that can be used toward prevention efforts.

However, many questions remain unanswered and efforts at prevention are often unsuccessful.

Methods of Investigating Suicide

Suicidologists have struggled to develop valid methods of studying suicide. Unlike other areas of research related to human behavior, suicidologists are not able to directly question the deceased, which forces them seek information elsewhere. There are three methods commonly used to investigate suicide: examination of official statistics, psychological autopsies, and suicide note analyses (Leenaars, 2002).

In research using official statistics, researchers use suicide rates to explain the variation in suicide among different groups (Stack, 2002). This can be accomplished on an individual or aggregate level. For example, the individual cross sectional method may be used to investigate suicide rates among divorced and non-divorced individuals, whereas aggregate cross sectional research may be employed to investigate the suicide rates of large populations, such as cities, states, or nations (Stack, 2002). The use of official statistics alone provides only a numerical glimpse into the problem of suicide (Leenaars, 2002).

Psychological autopsies are becoming increasingly popular in the study of suicide. In this method, data is gathered from several sources, the most common of which include coroner's inquest papers, medical records, information from physicians and/or clinicians, and information obtained through interviews with family, friends, and/or other informants. Interviews with family and friends of the deceased have the potential to evoke distressing emotions. However, research indicates that the majority of interviewees benefit from such interviews as this process provides an opportunity to discuss the loss

(Hawton et al., 1998). Leenaars (2002) warns against the reliance on third party interviews as a data source because they provide a perspective that is not of the suicide completer. Often, information provided by informants is distorted by memory or purposefully censored (Lester, 1997).

There is disagreement in the suicide literature with respect to the value of using suicide notes as a data source. The use of personal documents in research reflects a classic controversy within psychology; that is, the acceptability of introspective, personal accounts as opposed to objective data. Runyan (1982) objected to the use of introspective data in scientific research; however, Allport (1962) suggests that personal documents have a significant place in research. He cites many benefits of using personal accounts in research, such as learning about the individual, advancement of nomothetic and ideographic knowledge, and the potential usefulness in understanding and predicting behavior. Qualitative researchers have long employed personal documents such as logs, diaries, autobiographies, and suicide notes (Leenaars, 2002). Of the various forms of personal documents, suicide notes have been suggested to be the most personal of documents (Leenaars, 1988; Schneidman, 1980).

Lester (1997) suggests that suicide notes are of great importance in understanding suicide as they are generally written within a short period before the suicidal act and are one of the few objective pieces of evidence available for use in research after a person has completed suicide. Suicide notes provide an unsolicited glimpse into the interpersonal and intrapersonal experiences of the suicidal person. As such, they are an important starting point to understanding those who commit suicide (Leenaars, 1988; Schneidman, 1980).

Research indicates that suicide notes are left by approximately 15-30 percent of those who complete suicide (Holmes & Holmes, 2005; Leenaars, 1988; Schneidman, 1981). As such, it has been argued that note writers are qualitatively different than those who do not leave notes, and findings obtained through use of suicide notes cannot be generalized to all completed suicides (O'Connor & Sheehy, 1997). However, research studies differentiating note writers from non-note writers have found few differences in terms of demographic characteristics, psychological and physical health conditions, and precipitating circumstances (Callanan & Davis, 2009). For example, Callanan and Davis (2009) compared the sociodemographic characteristics, mental and physical health, access to healthcare, precipitating events, and method of suicide of note writers to those who did not leave a note using a sample of 621 completed suicides that occurred over a 10 year period. The researchers reported that the only significant differences found between the two groups were that note writers were more likely to have lived alone prior to their death and were less likely to have made suicide threats in the past. Considering that the two groups were similar with respect to the other 38 variables investigated, it appears that findings obtained through studies using suicide notes may be justifiably generalized to non-note writers (Callanan & Davis, 2009).

Suicidologists have analyzed notes for implied motive(s), themes, and to investigate the ideas proposed in suicide theories, such as those related to risk and protective factors (Lester, 1997). For example, Menninger (1938) proposed three motives for suicide: anger at others (to kill); anger at oneself (to be killed), and escape from unbearable pain (to die). Lester (1997) evaluated 40 suicide notes from Germany and 28 suicide notes from the United States to assess the presence or absence of Menninger's

proposed motives. Lester found that these motives were present in the suicide notes, which provides continued support to Menninger's theory. In another study, Zhang and Lester (2008) utilized suicide notes to assess the legitimacy of the Strain Theory of Suicide (Zhang, 2005). The strain theory asserts that strain, resulting from conflicting and competing life pressures, usually precedes a suicidal gesture. For example, deficient coping is a form of strain in which a person faces a life crisis in which he or she is unable to cope. The content of the suicide notes were used to ascertain the level of support for this notion. The resulting data offered strong support for the theory.

With respect to thematic analyses, studies of suicide notes suggest that notes written by different people are often rather similar. Commonly presented themes include psychological pain, interpersonal struggles, rationalization for the suicidal act, and requests for forgiveness (Lester, 1997). Holmes and Holmes (2005) investigated more than 500 suicide notes and letters, and reported that all the notes and letters were similar, consisting of four prominent themes. From their analysis, they identified the commonly discussed themes of finances, love scorned, physical health, and mental health. With respect to finances, the researcher found reference to gross financial difficulties accompanied with perceived inability to pay off debt. Notes with a predominant theme of love scorned were characterized by intense personal pain, anger, hostility, blame, and the perception that reconciliation was not possible. Within the love scorned category, the researchers also noted themes of altruism, the belief that by removing oneself the loved one would be somehow better off. Suicide notes related to physical health were characterized by escape from physical pain. The researchers noted that this theme was

especially prevalent among the elderly. Mental illness was a theme prevalent in many of the notes with the most common being depression and psychosis.

Risk and Protective Factors

Researchers have also used suicide notes to investigate the validity of suicide theories relating to risk and protective factors involved in suicidality. Risk factors can be thought of as factors that enhance the probability of an outcome (Cicchetti & Cohen, 1995). Therefore, examining risk factors can serve as a means to the development of etiological models. In contrast, protective factors reduce the likelihood that a particular outcome will occur by counterbalancing the presence of risk factors. Understanding the interactive relationship between risk and protective factors in suicidal behavior continues to be a challenge to suicide prevention (Móscicki, 1997). For example, risk and protective factors do not carry equal weight in assessing suicidality. The value of a particular risk or protective factor may vary from person to person. In addition, disruption or loss of protective factors may increase suicidal risk. For example, social interaction has been identified as a protective factor, but the loss of a social network, leading to social isolation, would constitute a risk factor.

There are several well documented risk and protective factors associated with suicide. For example, one of the most reliable risk factors of suicide is a history of previous suicide attempt(s). A history of multiple suicide attempts is a strong predictor of completed suicide among adolescents (Kotila & Lonnqvist, 1987) and adults (Christiansen & Jensen, 2007; Zonda, 2006). Furthermore, the risk associated with a history of a previous suicide attempt appears to persist throughout the life course (Suominen, Isometsa, Suokas, Haukka et al., 2004).

The presence of mental illness has also been identified as a significant risk factor for suicide. Research indicates that approximately 95% of those who die by suicide suffered from mental disorders (Cavanagh, Carson, Sharpe, & Lawrie, 2003). Certain mental disorders carry greater risk of suicide than others. Conditions such as Major Depressive Disorder (Bostwick & Pankratz, 2000), Bipolar Disorder (Harris & Barraclough, 1997), Borderline Personality Disorder (Duberstein & Witte, 2008), Anorexia Nervosa (Herzog et al., 2000), Schizophrenia (Palmer, Pankratz, & Bostwick, 2005), and substance abuse disorders (Harris & Barraclough, 1997) have been associated with the greatest risk of suicide as compared to other psychiatric diagnoses.

Another factor may be employment. O'Connor and Sheehy (1997) analyzed the coroner's inquest papers for 142 cases of suicide occurring in Northern Ireland in 1993 and 1994 and reported that over 61% of the sample was unemployed at the time of death. Individuals who live in low unemployment areas who become unemployed appear to be at greater risk than those who become unemployed and live in high unemployment areas (Charlton, 1995). It can be hypothesized that those who live in low unemployment areas and become unemployed are at greater risk because they feel others cannot empathize with their troubles. The risk associated with unemployment may be indirect. For example, unemployment may increase an individual's susceptibility to other risk factors, such as social isolation or mental illness which are clear risk factors (Lester, 1997).

There are several researchers who have studied the association between physical illness and suicide. Whitlock (1986) suggests that one third of people who complete suicide have a medical illness at the time of their death. With regard to particular physical illnesses, Harris and Barraclough (1997) demonstrated that HIV-AIDS has been

associated with a sevenfold increase in the risk of suicide as compared to the general population, whereas brain cancer carries with it nine times the risk of suicide than in the general population, and four times greater risk than other forms of cancer.

Van Orden et al. (2010) suggest that the relationship between physical illness and suicide may be accounted for by several other factors that are associated with physical illness, such as comorbid mental disorders, functional limitations, and social isolation (Van Orden et al., 2010). For example, Chochinov et al. (2005) demonstrated that among terminal cancer patients, the will to live was negatively associated with perceived burdensomeness on others and was positively related to perceived social support. In other words, individuals with terminal cancer were more likely to express having a will to live when they perceived that they had social support. In contrast, those who perceived that they were a burden to others reported a decreased will to live. This example demonstrates that suicide may not be directly related to having a physical illness, but rather may be the result of the consequences often associated with physical illness, such as feeling like a burden on others.

Gender as a risk factor of suicide. One of the most significant risk factors of completed suicide is gender. Although, suicide is a problem for both women and men, they are not at equal risk of dying by suicide. One of the most consistent research findings in suicidology is that men kill themselves more often than women, while women attempt suicide more than men (Range, 2006). In the United States the male to female suicide ratio is approximately 4:1, making suicide the seventh leading cause of death among men, and the sixteenth among women (CDC, 2010). However, women attempt

suicide at a rate three times higher than men (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002).

Epidemiological research investigating the role of gender suggests that suicide risk is highest among men age 75 and older, compared to women aged 45-54 (CDC, 2010). Differences in methods used to commit suicide also vary by gender. For example, the most common method of suicide among women is death by poisoning, while the use of firearms is the most common method among men (CDC, 2010).

The role of interpersonal relations as risk or protective factors. Interpersonal relations appear to play a significant role in suicidality and can either act as a protective factor or contribute to one's risk of suicide. Sanger and Veach (2008) investigated the interpersonal themes presented in suicide notes and found that each note referenced interpersonal relationships at least once. Contrary to what many may expect, the researchers found a higher prevalence of positive relationship themes as compared to negative relationship themes, although negative relationship themes were also common in the sample. For example, themes such as expressing love or praise for others were more prominent than themes of isolation, loneliness, or hostility. This finding suggests that suicide completers have positive relationships in their lives, or at least are able to draw upon positive aspects of troubled relationships when facing death. A large percentage of the notes included expressions of concern for others. However, this category also included perceived burdensomeness and minimization of the impact of the suicide on others. Interpersonal themes emerged even within what may be considered the most banal of suicide note content, that is, instructions to others. Much of the instructional content

was aimed at easing transitions for loved ones after their death. The relationally laden instructions also represent one's efforts to coordinate interpersonal plans even after death.

Supportive social networks provide people with a feeling of necessity and meaning for living (Heikkinen, Aro, & Lonnqvist, 1993). Research related to the role of social interaction in completed suicide has investigated marital status, living alone, familial discord, number of close friends, and residence changes. Nearly all of these studies have demonstrated a strong association between disintegrated social networks and a lack of social support in completed suicides. For example, O'Connor, Sheehy, & O'Connor (1999) conducted a thematic analysis of 54 suicide notes obtained from completed suicide cases from 1993 and 1994 in Northern Ireland and reported that problems associated with interpersonal relations were detected in 76% of the sample. Choron (1972) hypothesized that it may be the "psychological make-up" of the suicidal individual that prevents the development of healthy, supportive interpersonal relationships. Whatever the etiology of the social problems, it appears that social circumstance plays a role in the development of suicidal ideation, intent, and completed suicide.

There appears to be a strong relationship between suicide and marital status. Durkheim (1966) argued that marriage acts as a protective factor because it binds the individual to the group, through which greater meaning is achieved. Data illustrate that individuals who are not married commit suicide more often than those who are married or widowed (Luoma & Pearson, 2002; Mastekaasa, 1995). Divorce has also been linked to increased risk of suicide (Lester, 2001). Among divorced people, the loss of companionship, financial consequences, and a sense of disorientation contribute to an

increased risk of suicide (Lester, 1992). Although, marital status is a risk factor for both men and women, divorce may exert a higher risk of suicide on men (Kposowa, 2000).

There has been a significant amount of research supporting the role of social isolation in suicide, and it is arguably the strongest and most reliable risk factor in predicting suicidal behavior (Joiner, 2010). One measure of social isolation is the number of close friends a person has in their social network. Maris (1981) compared the social networks of 226 suicides to that of 71 non-matched natural deaths and reported that individuals in the natural death category had twice as many close friends as the suicides. The same study demonstrated that almost 49% of the individuals who completed suicide had no close friends. Researchers have examined living situations and identified social isolation as a risk factor in completed suicide. O'Connor & Sheehy (1997) analyzed 142 cases of suicide occurring in Northern Ireland in 1993 and 1994 using Coroner's inquest papers. The researchers reported that those in the living alone classification accounted for the largest living arrangement. The researchers used this information to suggest that social isolation, in this case, living alone, is related to higher rates of suicide.

Interpersonal Relations and Gender

Gender exerts such a significant influence that it impacts every aspect of life, including how men and women approach interpersonal relationships. Historically, Western society has emphasized the role of relationships in the lives of women. Research suggests that women's relationality may be socially constructed and the role of relationships in satisfying women's lives may be exaggerated to the detriment of achieving personal autonomy and identity. For example, Miller (1976) asserted that women have a greater capacity for relationships than their male counterparts and, because

Western culture devalues women, society also devalues the traits associated with women. Therefore, relational factors such as caring for others and mutual engagement are devalued in a sexist society. Miller suggests that this leads to greater rates of depression and anxiety in women. Thus, according to this view, relationships are both a source of satisfaction and a source of greater pain for women than for men.

Similar to Miller, Gilligan (1982) theorized that women are more relationally oriented than men. She claimed that the social experiences of women are characterized by subordination and inequality, which she asserts creates a sense of self that is grounded in human connections and concern for others. Gilligan suggests that women define their personal identity through their relationships, which she contrasts with the belief that men define themselves based upon achievement and distinction. Gilligan's view of the role of subordination of women in fostering human connections continues to be supported in the current literature. For example, other researchers have suggested that women have become more relational as a result of social marginalization, which has required that women join together to maximize their power and access to resources (Crawford & Unger, 2004; Snodgrass, 1985).

Other research provides continued support for the notion that as a group, women tend to possess more interpersonal characteristics associated with increased social connectedness, such as cooperation, fairness, empathy, and altruism (Browne, 2007). For example, Niederle and Vesterlund (2008) investigated gender differences in competitive behavior and reported that men demonstrated a higher tendency toward competition. The researchers found that men were more likely to choose to participate in a competitive activity whereas, women tended to avoid competition based activities.

Research has consistently demonstrated that girls and women score higher than their male counterparts on measures of empathy (Davis, 1994; Jolliffe & Farrington, 2006; Zagon & Jackson, 1994). For example, Jolliffe and Farrington (2006) administered the Basic Empathy Scale (Jolliffe & Farrington, 2005) to adolescents to assess their empathic functioning. They demonstrated that females scored higher than males in both cognitive and affective empathy. The researchers asserted that the observed differences represented true differences between males and females and were not the result of the females responding in a more socially desirable manner. Consistent with this finding, males have higher rates of disorders associated with impaired empathy such as psychopathic personality and conduct disorder (Blair, 1995; Dodge, 1980; Rogstad & Rogers, 2008).

Research also indicates that although males and females speak the same language, their use of language is rather different. For example, Mulac, Bradac, and Gibbons (2001) investigated stylistic language differences among undergraduate students. They found that males and females express language differently. For example, the language expression of males was characterized as direct, succinct, and personal (i.e. the use of “I”), while that of the females was characterized as indirect, elaborative, and affective. The researchers suggest that the observed stylistic language features between males and females have resulted from gender role socialization. These findings imply that the emphasis placed on social connections within the lives of females may even influence their communication patterns.

Society places great emphasis on the role of relationships in the lives of women. However, women themselves speak of the importance of children, partners, and friends in

increasing quality of life (Brabeck & Brabeck, 2006). Considering the level of importance relationships have in the lives of women and in their experience of happiness, it may be that relationships also play a role in their experience of unhappiness and in decisions to end their lives.

Gender role socialization and suicide. A potential explanation for the variation in suicidal behavior between American men and women may be found in the differences between the gender role socialization of males and females in the United States. All societies that are known to social scientists are gendered (Stockard, 1999). Gender is a concept so embedded in culture that most people believe it is a natural, biologically based construct. However, if differences between women and men were simply related to biology, we would expect to see the same gender differences and divisions in labor to exist across cultural groups, but this is not the case (Burr, 1998). Instead, gender is a socially constructed concept and individuals appear to learn the roles and expectations associated with each gender category through the process of socialization (Stockard, 1999).

In addition, the fact that children gradually acquire gender supports the notion that gender identity is not innate (Burr, 1998). Gender role socialization begins at a young age. It can be argued that the process begins the moment the infant is born and declared either a “boy” or a “girl,” at which point, society begins to assign masculine or feminine characteristics to the child, which can be ingrained into something as seemingly insignificant as the color of a blanket, or a name. These gender categories are assigned different value, and are therefore associated with different privileges within a society.

Social constructionists assert that all thoughts and behaviors expressed by men and women can be informed by an understanding of gender (Swami, Stanistreet, & Payne, 2008). The way in which men and women behave in a particular social context provides information about what are considered acceptable masculine and feminine behaviors in a particular society. Social conventions exert pressure for members of society to conform to gender norms (Bohan, 1993). For example, in Western society men are pressured to be independent, dominant, competitive, and strong (Golombok & Fivush, 1994). In contrast, women are expected to be passive, subordinate to men, and more relationally focused.

Cannetto and Lester (1998) argue that Western concepts of gender and gender roles may influence gender specific suicidal behavior. Theories regarding masculinity and femininity characterize suicidal ideation and attempts as feminine, while completed suicide is characterized as masculine (Linehan, 1973; White & Stillion, 1988). Cannetto (1997) suggests that language regarding suicidal behavior is itself gender biased. For example, women are said to “attempt” and “gesture” whereas men “successfully” complete suicide. She posits that these differences in how we talk about suicide may serve as a self-fulfilling prophecy. She further asserts that society actually encourages women to attempt suicide as an appropriate means of expressing distress while men receive the message that surviving a suicide attempt is unacceptable. Cannetto and Sakinofsky (1998) suggest that these gender biases may also be responsible for an underreporting of suicide attempts among men.

Considering the gender disparity found in completed suicides, it is not surprising that the majority of research has concentrated on men. However, O’Conner and Sheehy

(1997) assert that comparative analyses of suicide between men and women are needed to provide a more complete understanding of the suicide phenomenon.

Gender, Suicide Note Content, and Interpersonal Themes

Few researchers have analyzed suicide notes left by males and females for relational themes. Those who have were primarily focused on romantic relationships rather than broad relational themes. For example, Canetto and Lester (2002) addressed the commonly held belief that women “die for love, while men die for glory.” Their sample consisted of 56 suicide notes obtained from 42 men and 14 women who completed suicide. The researchers examined the notes for love and achievement motives and reported no difference between men and women. They also found that romantic problems were the more commonly cited than school or work problems for both men and women. However, the sample consisted of a very small percentage of women.

Lester, Wood, Williams, and Haines (2004) replicated Canetto and Lester’s study using a larger sample consisting of 262 suicides notes. Consistent with Canetto and Lester (2002), the researchers reported that compared to men, the motive for suicide among women was more likely to involve escape from unbearable pain than relational problems. The authors reported that men appear more likely to be motivated to commit suicide in response to love and romantic problems.

In a subsequent study, Shiner, Scourfield, Fincham, and Langer (2009) investigated gender and suicide across the life course using a sociological autopsy approach that utilized coroner’s records, suicide notes and information obtained via interviews with the family and friends of decedents. The researchers reported that relationship breakdown appeared as a trigger of suicide more commonly among men than

among women; men age 25 to 34 represented the largest proportion of men in this category. Of the four cases of women whose suicides were identified as being triggered by relationship breakdown, three were characterized by themes of overdependence, while the fourth was categorized as sexual jealousy. In contrast, men in this category were more likely to present themes of sexual jealousy, punishment/revenge, or disputes over children. These findings support previous research, placing men at greater risk of suicide in response to intimate relationship breakup. The data is also consistent with traditional gender stereotypes in that women who committed suicide as a result of relationship breakdown were viewed as overly dependent, whereas men were characterized as vengeful and jealous. However, one must consider that the sample included only four females.

The current study sought to build upon the literature related to the role of relationships in completed suicide, while giving particular emphasis to differences found between males and females. The act of writing a suicide note is itself a social act by which an individual seeks to communicate with others (Sanger & Veatch, 2008). Through the analysis of suicide notes written by individuals who completed suicide, this study provides new insight into the role of gender and interpersonal dynamics in suicide. In contrast to previous studies which investigated the role of gender and romantic relationships in suicide, the current study took a broader approach analyzing relational themes that include family, friends, coworkers, and caretakers, along with romantic partners. Contrary to prior research having analyzed suicide notes in isolation, the current study supplements information obtained from the suicide notes with the Coroner's records, providing for a richer, more complete picture. The study will be used to address

the following questions: Are those who commit suicide in response to relationship problems uniquely different from other motivational categories? Do males and females within the relationally motivated category differ with respect to suicide note content, contextual factors, or demographic characteristics?

Method

Participants

The overall sample included 1,675 individuals who completed suicide between the years 2000 and 2009, and whose cases were referred to the Montgomery County Coroner's Office (Dayton, Ohio). At the time of the suicides, 6% were 20 years old and younger, 34% were between 20 and 40 years old, 42% were between 40 and 60 years old, 13% were between 60 and 80 years old, and 3% were between 80 and 100 years old. The racial composition of the sample was approximately 92% White, 6% Black, >1% Latino/a, and >1% representing those who were identified as Native American, Asian, Asian Pacific, East Indian, or Bi-racial. Of the total 1,675 cases of completed suicide, the Coroner's Office indicated that approximately 25-30% of the decedents left a suicide note. However, the research team had access to only 10% of the suicide notes (n=167).

Materials

Researchers had access to the Montgomery County Coroner's Office database which contained demographic information such as name, age, gender, race, address of the descendant, and the coroner's report which provided details of the suicide and circumstances surrounding the suicide. Researchers also had access to any suicide notes on file with the Coroner's office. The researcher used the coding form (Appendix A) and construct definitions (Appendix B) to code the information obtained in the database, the Coroner's file, and the suicide notes. The categories developed for the coding sheet included demographics, characteristics of the suicide (e.g., location, type of trauma, etc.),

previous history [e.g., drug abuse, psychiatric illness, previous suicide attempt(s), etc.], characteristics of the note (e.g., number of notes, whether it contained a signature, etc.), and the primary motivation suggested by the contents of the note. The information obtained from the coding process was entered into a file in NCSS, a statistical software program for data analysis.

Research Integrity

Approval from the Wright State University Internal Review Board (IRB) was sought, however researchers were informed that the research project does not meet criteria for human subject's research and, therefore, did not require IRB approval. Although names were included in the spreadsheet, each case was identified by its corresponding case number and names were deleted from the spreadsheet. All researchers were instructed to remove any potentially identifying information from the notes. Further, all researchers signed a confidentiality agreement with the Montgomery County Coroner's Office.

Procedure

Suicide communications, regardless of the number of notes addressed to different people were coded as a single communication. This is consistent with methodology used in other suicide note studies (O'Connor, Sheehy & O'Connor, 1999). Notes that gave only directions as to where the body could be found, or were illegible were excluded from analysis. Initially, researchers were divided into two teams. The first team conducted a review of motivational theories of suicide in order to develop motivational categories consistent with the literature. The second team developed the coding sheet after reviewing the literature and the suicide notes. A sample of suicide notes were

divided among the two teams and a pilot study was conducted. The two teams later came together and revised the coding sheet based upon the pilot study.

The full sample of suicide notes were then divided and dispersed among three teams, each comprised of three raters/coders, who independently analyzed the notes. Initially, the raters were blind to the coroner's data and retrieved it only after the suicide note content had been coded. In addition, the source of the information was documented on the coding sheet. The team later came together to review what had been individually coded and develop a master coding sheet. In the event that raters disagreed on the presence or absence of a particular element, the group attempted to reach a consensus. However, when a consensus could not be reached, the note was taken to the larger group for final determination. Each note was coded for the likely motive for the suicide after coders read the note and again after they have read the Coroner's report.

Suicide notes. The notes of suicides that were identified as being primarily motivated by interpersonally related themes were included in the analysis. Of the 167 total note-writers, there were 63 in which a motivation could not be determined; in most cases, this was a consequence of the length of the note. For example, some of the notes simply stated "I'm sorry" or "Call the police." Twenty-seven of the remaining 104 cases were identified as being motivated exclusively by relationship problems. Thus, the relationally motivated sample accounted for 26 percent of all suicide cases in which a suicide note was written. A thematic analysis of the relationally motivated sample was completed with special consideration to thematic differences between males and females. A chi-square analysis was also conducted in order to assess the differences between note writers in the relationally motivated sample to the overall note-writer sample.

Results

Note-Writers Motivated by Relationship Problems

Of the 167 cases of suicide in which a note was available, 27 were identified as being motivated by relationship problems (relationship sample). The vast majority were precipitated by relationship problems with intimate partners (85.19%), while relationship problems with children accounted for 7.41%, and problems across multiple relationships accounted for 7.41 percent. The subset consisted of 21 males and six females. Thus, 17% of the males in the overall sample were identified as having been motivated to commit suicide in response to relationship problems; the majority of these cases (90.48%) reflected intimate partner relationships and 9.52% reflected problems across multiple relationships. In contrast, 13.6% of the females within the overall sample of note-writers were identified as having been motivated to commit suicide in response to relationship problems; 66.67% reflecting intimate partner relationships and 33.33% reflecting problems related to relationships with their children (e.g. forced separation from children).

The racial composition of the relationally motivated sample was 96.3% White and 3.7% Black which is consistent with the racial composition of the overall sample. Age ranged from 20 to 59. Over half (59.29%) of the note-writers were between 40 and 59 years old.

The data provided herein was obtained through the Coroner's reports, a database containing demographic information, and the suicide notes themselves. Each note was coded for 116 variables; however, in many cases particular variables could not be

determined. In these cases the variable was coded as “unknown.” During statistical analyses, variables coded as “unknown” were not included in the analysis.

Contextual information. In 100% of the relationship cases it was clear that there had been a history of interpersonal problems. A history of abuse could not be verified in any of the 27 cases in this sample; however, this should not be taken to imply that abuse did not characterize some, or all, of these relationships. It was unknown in 81.48% of cases whether or not the person had a history of legal problems; however, a history of legal problems was evidenced in 18.52% of cases. Among the five cases in which the presence or absence of financial problems could be determined, it was found that 80% had a history of financial difficulties. History of substance abuse was largely unknown (74.04%). However, among the seven cases in which it could be determined, 71.43% had substance abuse problems, while 14.29% had a history of substance abuse, but were believed to have no longer been using.

It was determined that 51.85% of note-writers in this sample had children, while 3.70% did not. However, it was unclear in 44.44% of the cases whether the person had children. In removing those cases in which parental status could not be verified, 93.3 % of the remaining 15 cases did have children. Among 17 cases in which living situation could be verified, it was found that 64.71% of persons in this sample were living alone at the time of suicide, while 23.53% were living with a spouse or partner, and 11.76% were living with other family members. Of the 14 cases in which occupational status was known, 85.6% of persons in this sample were employed, while 14.2% were unemployed.

The presence or absence of a physical illness was largely unknown (70.37%); however, the presence of a physical illness was indicated in 8 of the 27 cases. Among the

15 cases in which a history of psychological illness could be determined, it was found that 93.33% had a history of mental illness. A history of past suicide attempt(s) could be determined in 7 of the 27 cases; among those cases, it was found that 57.14% had attempted suicide in the past. Of the six cases in which help seeking behavior could be determined, it was found that 83.33% had sought help in response to their suicidal ideation.

Characteristics of the suicide. Between 2000 and 2009, 2005 marked the year with the highest number of completed suicides among note-writers motivated by relationship problems, accounting for 18.52% of completed suicides among this group. The years of 2001, 2002, 2004, and 2009 each accounted for 11.11 percent. The remaining years each accounted for 7.41 percent. Completed suicides during the winter season accounted for 44.44% of suicides among this group. The second highest (29.63%) occurred in the fall. Summer accounted for only 3.70% of completed suicides. January and February were the two leading months of death, each accounting for 18.52% of the overall sample. October was the third leading month of death, accounting for 14.81% of completed suicides. There were no completed suicides, among this sample, in the month of July. With respect to day of the week, Tuesday had the highest number of completed suicides accounting for 30.77 percent. Sunday accounted for 19.23%, Thursday 15.38%, while Monday, Wednesday, and Saturday each accounted for 11.54% and no suicides were completed on Friday. The majority of these note-writers completed suicide during the latter half of the month, with 59.26% of suicides occurring between the 16th and 31st. The most common day of the month was the 25th which accounted for 14.81% of completed suicides; however, the 24th came in close behind at 11.11 percent.

With respect to the location of the suicides, it was found that 70.37% of suicides were completed at the person's home, while 29.63% occurred elsewhere. There was large variation among specific locations of the completed suicides, but the majority occurred in the living room (25.93%). Other common locations were the bedroom (18.52%) and the car (18.52%). The trauma types among this sample which resulted in death included gunshot (55.56%), asphyxia (22.22%), toxic substance (18.52%), and blunt force (3.70%). Eighty percent of those who committed suicide via gunshot used a handgun, while 13.33% used a rifle and 6.67% used a shotgun. Of those whose death resulted from asphyxia, 50% died as a result of carbon monoxide poisoning, while the other 50% died by means of ligature. Among the 22 cases in which it was clear whether the note was found with the body or elsewhere, it was found that in 63.64% of cases the note was found with the body.

Characteristics of the notes. In 62.96% of cases, these note-writers left only one note of which they were predominantly addressed to a romantic partner. Approximately 15% left two notes, and 14.81% left three notes. One note-writer left 5 notes and another left 6 notes. The notes ranged in length, with 11.11% being between 1 and 25 words, 33.33% between 26 and 150 words, 33.33% between 151-300 words, and 22.22% being 300 or more words. Approximately 22% of the notes included a date. Ninety-six percent of the notes were hand written. Approximately 70% of the notes were clearly addressed to a particular person or persons. A signature was included on 74.07% of the notes. None of the notes were delivered via postal delivery services.

With respect to significant losses, no note-writers in this sample indicated that they had experienced the death of someone they cared about, 44.44% indicated that they

had experienced the loss of a significant relationship, and 3.70% indicated that they had acquired a disability. Among those mentioned, a friend was mentioned in 11.11% of notes, a child or children were mentioned in 40.74% of notes, an intimate partner or ex-partner was mentioned in 59.26% of notes, a sibling was mentioned in 11.11% of notes, a parent was mentioned in 29.63% of notes, and family was mentioned in 14.81% of notes. In addition, 44.44% of notes included mention of a person whose role was unclear, and 33.33% of notes included mention of a generic group of people (e.g. “to all of those who...”).

Among all of the notes, 92.59% reflected organized thought processes. This was coded based upon the reader’s ability to make sense of the note and whether or not the flow of the writer’s thoughts appeared logically related. Approximately 33% reflected constriction, or tunnel vision. For example, one writer captured the notion of tunnel vision by writing, “you cannot heal a broken heart.” Ambivalence was indicated in 11.11% of notes. For example, one writer expressed ambivalence in saying, “I don’t want to do this, but I have to.” Dichotomous, or black and white thinking, was captured in 7.41% of notes. None of the notes reflected apathy, as evidenced by a general lack of emotionality. Approximately 63% of note writers provided some form of justification for their suicide within their notes (e.g. “I have to go now, for I am all alone”), with 40.74% describing a specific precipitant. Suicide was described as an escape in 25.93% of notes and approximately 11% of the note writers indicated that life was not worth living. Furthermore, 3.70% of note-writers described death as providing a sense of relief.

The presence of interpersonal problems was indicated in 74.07% of the notes, while occupational problems were indicated in 3.70% of notes. Approximately 11% of

the note writers mentioned financial problems and 7.5% mentioned legal problems. None of the note writers mentioned problems related to school. Physical pain was mentioned in 7.41% of the notes, while 14.81% of the notes indicated that the note writers were experiencing psychological pain, and 18.52% of note-writers endorsed an unspecified form of pain. The use of medication was mentioned in 3.70% of the notes.

In approximately 96% of the notes, there was no mention of feeling like a burden. In addition, approximately 96% of note-writers did not mention feeling guilty and none of them used the term shame to describe their emotional experience. Blame was ascribed in 7.41% of notes; more common was the absolution of blame which occurred in 22.22% of notes. Approximately 56% of the note writers provided a personalized apology (directed toward a particular person) in their notes, while 48.15% included a general apology. Forgiveness for self was requested in 29.63% of notes.

With respect to feelings denoted within the suicide notes, none of the note writers used the term angry to describe their emotional experience, 3.70% included the term joy, 3.70% described themselves as worthless, 7.41% included the term sad, 11.11% included the term lonely, 11.11% included the term tired, 11.11% used the term hopeless, and 14.81% of the notes included the term failure. All 27 of the notes were devoid of humor. Approximately 89% of notes included expressed love for others, whereas only 14.81% of note writers indicated that they felt loved by others.

Specific instructions were included in 7.41% of notes. Included in the various forms of instructions were “do not resuscitate” requests (7.5%), requests to repay debt (7.41%), disposal of the body (14.81%), management of affairs (22%) and allocation of property (30%). None of the notes contained statements regarding custody; however,

25.93% did ask others to care for persons and pets. Additionally, 18.52% of note-writers provided some form of advice in the content of their notes (e.g. “take care of those you love”).

Approximately 30% of note writers mentioned God in their notes. Among the nine notes that made mention of an afterlife 33.33% reflected a positive view, 11.11% reflected a negative view, 11.11% reflected a neutral view, 33.33% reflected uncertainty, and one note included both positivity and uncertainty. One note included a statement about reuniting with a deceased loved one. Approximately 19% of the note-writers discussed watching over the living. Three of the 27 notes included comments regarding the morality of suicide notes; 2 of the 3 reflected a belief that suicide is immoral, while the third reflected uncertainty.

Thematic Analysis of the Suicide Notes. With respect to the themes present within the notes, the predominant theme was an expression of love for others (89%), which was common among both males and females. Apology was another dominant theme, present in 78% of the notes. This category included apologies that were perceived as genuine, as well as those that were passive aggressive in nature (e.g. “I am sorry I ruined your life”). Note writers who left instructions were also common.

There were also marked differences in some of the themes present in the notes of males and females. For example, women expressed themes of burdensomeness, pain, forgiveness, feeling underappreciated, failure, enmeshment, and afterlife/watching over at a greater rate than did males in the sample. In contrast, 22% of the male note writers made mention of religion and/or God, while none of the females in the sample expressed these themes.

Table 1

Principle Themes

<u>Theme</u>	<u>Sample %</u>	<u>Male %</u>	<u>Female %</u>
Love for others	89	86	100
Apology	78	81	67
Instructions	70	71	67
Pain	44	39	67
Gratitude	37	37	33
Forgiveness	33	29	50
Overwhelmed	33	33	33
Underappreciated	33	29	50
Blame	30	33	17
Financial	30	29	33
Afterlife/Watching Over	30	24	50
Enmeshment	30	24	50
God/Religion	22	22	0
Missing	19	14	33
Burden	15	5	50
Failure	15	10	33
Isolation	11	11	17
Betrayal	11	10	17

Note. n=27**Comparison of Male and Female Note-Writers in the Relationally Motivated****Sample**

Table 2

Relationship Sample: Comparison by Gender

	Relationship			
	Males		Females	
	n	Percent	n	Percent
Day of Death				
1-15	21	38.10	6	50.00
16-30		61.90		50.00
Season				
Summer	21	4.76	6	0.00
Weekday				
Monday	21	4.76	6	40.00
Tuesday		38.10		0.00
Wednesday		14.29		0.00

Thursday		14.29		20.00
Saturday		14.29		0.00
Sunday		14.29		40.00
Age				
20-29	21	23.81	6	0.00
30-39		14.29		50.00
40-49		38.10		16.67
50-59		23.81		33.33
Had Children	12	100.00	3	66.67
Living Situation				
Alone	11	72.73	6	50.00
With Spouse/Partner		18.18		50.00
History of Financial Problems	3	100.00	2	50.00
Room Location				
Bathroom	21	0.00	6	33.33
Bedroom		23.81		0.00
Living Room		28.57		16.67
Note Found with Body	17	58.82	5	80.00
Number of Notes				
One	21	52.38	6	100.00
Word Count				
1-25	21	9.52	6	16.67
26-150		28.57		50.00
151-300		38.10		16.67
301+		23.81		16.67
Trauma Type				
Asphyxia	21	23.81	6	16.67
Toxic Substance		9.52		50.00
Gunshot		61.90		33.33
Trauma Caused By				
Carbon Monoxide	21	14.29	6	0.00
Handgun		47.62		33.33
Ligature		9.52		16.67
Overdose		9.52		50.00
Significant Loss				
Relationship	21	52.38	6	16.67
Mentions				
Partner/Ex-Partner	21	61.90	6	50
Friend		9.52		16.67
Child		42.86		33.33
Generic		38.10		16.67
Gave Advice	21	9.52	6	50.00
Apology—General	21	52.38	6	33.33
Apology—Personal	21	57.14	6	50.00
Blame	21	9.52	6	0.00
Absolve from Blame	21	19.05	6	33.33

Precipitating Factor	21	38.10	6	50.00
Escape	21	28.57	6	16.67
Expressed Ambivalence	21	14.29	6	0.00
Unspecified Pain	21	14.29	6	33.33
Mentioned Finances	21	9.52	6	16.67
Legal Problems	21	9.52	6	0.00
Sadness	21	9.52	6	0.00
Lonely	21	14.29	6	0.00
Joy	21	0.00	6	16.67
Tired	21	4.76	6	33.33
Hopeless	21	9.52	6	16.67
Loved by Others	21	9.52	6	33.33
Love for Others	21	90.48	6	83.33
Failure	21	9.52	6	33.33
Signature	21	80.95	6	50.00
Mentioned Afterlife	21	38.10	6	16.67
Asks for Forgiveness	21	23.81	6	50.00
Instructions				
Disposal of Body	21	9.52	6	33.33
Disposal of Property	21	33.33	6	16.67
Repay Debt	21	9.52	6	0.00
Care of:_____	21	23.81	6	33.33
Motivation				
Relationship w/Child or Children	21	0.00	6	33.33
Relationship w/Partner or Ex		90.48		66.67
Multiple Relationships		42.86		33.33

Note. All instances in which variables could not be verified (Unknown) were not included in the calculations.

A cross-tabulation analysis was completed to assess the differences between male and female suicide completers within the relationally motivated sample. The following is a summary of notable gendered differences. This data is also provided in a visual format in Table 2 above. As stated previously, all variables that were coded as unknown, and could therefore not be verified, were removed from the calculations. Thus, the following findings reflect only those cases in which the variable in question could be verified. A gendered comparison of both the relationally motivated sample and the overall sample of note-writers can be found in appendix D.

Contextual information. Within the relationally motivated sample, there was substantial variation between males and females with respect to age at the time of suicide. For example, the highest proportion (38.10%) of suicides among males was found in the age range of 40 to 49; in contrast, only 16.67% of females were in this age range. The majority of females (50%) were between 30 and 39 year old, while only 14.29% of males were in this age group. Thirty-three percent of females were between 50 and 59, whereas only 23.81% of males were in this age group. Males between 20 and 29 accounted for 23.81% of the sample, whereas there were no females within this age range.

Among the 12 cases involving males in which parental status could be verified it was found that 100% had children. Among the three cases involving women in which parental status could be determined it was found that 66.67% had children. With respect to living arrangements, more males (72.73%) than females (50%) were living alone at the time of their suicide. Approximately 50% of females were living with a spouse or partner at the time of their suicide, whereas only 18.18% of males were identified as having the same living arrangement.

Characteristics of the suicide. Among the 27 relationally motivated suicide cases, approximately 5% of males committed suicide during the summer season; in contrast, no females committed suicide during the summer months. Females were markedly more likely to commit suicide on a Monday (40%) as compared to their male counterparts (4.76%), whereas; males were more likely to commit suicide on a Tuesday (38.10%), while no females committed suicide on this day of the week. Furthermore, 40% of the females in this sample completed suicide on a Sunday compared to only 14.29% of the males. Collectively, 80% of the females completed suicide on Sunday and

Monday. The suicides of the males tended to be more evenly dispersed across the week, with Wednesday, Thursday, Saturday, and Sunday each accounting for 14.29% of the male sample. Females were equally as likely to commit suicide between the 1st and 15th day of the month as they were during the 16th through 30th, each period accounting for 50% of completed suicides. Males were more likely to commit suicide during the latter portion of the month with the 16th through the 30th accounting for 61.90% of suicides.

Asphyxia accounted for 23% of deaths among males, whereas it accounted for 16.67% of deaths among females. Death by means of toxic substance accounted for 50% of the suicides among females and only 9.52% of suicides among males. Males were significantly more likely to die via gunshot than females, accounting for 61.90% and 33.33%, respectively. Trauma was caused by carbon monoxide poisoning among 14.29% of the males, whereas no females used this method. Fifty percent of females completed suicide via overdose, while only 9.52% of males used this method. With respect to the use of a handgun, 47.62% of the males used this method in contrast to 33.33% of females. Trauma caused by ligature was more common among females (16.67%) than males (9.52%).

Approximately 33% of the females committed suicide in the bathroom in contrast to 0% of males. Approximately 23% of males committed suicide in the bedroom; in contrast, no females committed suicide in the bedroom. More males (28.57%) than females (16.67%) committed suicide in the living room. Suicide notes were found with the body in 80% of the cases involving females and 58.82% of the cases involving males.

Characteristics of the notes. One hundred percent of the females in the relationally motivated sample wrote only one suicide note, whereas approximately half of

the males wrote two or more notes. The suicide notes of males tended to be longer than those left by women. For example, approximately 60% of the notes written by males were 151 words or more, whereas approximately 66% of the notes written by women were between 1 and 150 words.

Males were more likely (52.38%) to discuss the loss of a significant relationship in their suicide note, whereas only 16.67% of females made mention of the loss of a relationship. However, the rates in which males and females mentioned a partner or ex-partner were comparable at 61.90% and 50%, respectively. Males mentioned their children at slightly higher rates (42.86%) than did females (33.33%). Approximately 17% of females mentioned a friend in their suicide note compared to 9.52% of the males. Males were more likely (38.10%) to mention a generic group, such as “all who cared,” whereas only 16.67% of females did this. Signatures were found on approximately 81% of the notes left by males compared to 50% of those left by females.

Fifty percent of the females in this sample provided some form of advice in their suicide notes, whereas only 9.52% of the males did so. Instructions regarding the disposal of one’s body were left by 33.33% of females compared to 9.52% of males. Instructions regarding disposal of property were left by 33.33% of males and 16.67% of females. Approximately 10% of males left instructions regarding repayment of debt; no females left such instructions. Instructions regarding the care of particular persons or pets were left by 33.33% of females and 23.81% of males.

Fifty percent of females compared to 38.10% of males discussed a precipitating factor within their suicide notes. Approximately 10% mentioned legal problems, whereas no females mentioned such issues. Financial problems were discussed in the notes of

16.67% of females and 9.52% of males. An unspecified form of pain was mentioned in the notes of 33.33% of the females and 14.29% of the males. Approximately 29% of males and 17% of females identified death as an escape. Approximately 14% of males expressed ambivalence with respect to suicide, whereas none of the notes written by females conveyed ambivalence.

With respect to feelings, the term sadness was used to describe the emotional experiences of 9.52% of males, while no females used this term. Approximately 14% of males used the term lonely, whereas no females described their experience as such. The term joy was used in 16.67% of the notes written by females, but was not used among any of the notes written by males. Approximately 33% of females used the term tired, while only 4.76% of males made use of the term. The term hopeless was found in 16.67% of the notes written by females and 9.52% of those written by males. Approximately 33% of female note-writers used the term failure compared to 9.52% of males. The vast majority of both males (90.48%) and females (83.33%) discussed feeling love for others. However, 33.33% of females and only 9.52% of males identified feeling loved by others.

Blame was ascribed in approximately 10% of the notes written by males, while no females assigned blame. More common among both males and females was the absolution of blame, which was found in 19.52% of notes written by males and 33.33% of those written by females. General apologies were made among 52.38% of male note writers and 33.33% of female note writers. Personal apologies were made by approximately 57% of males and 50% of females. Fifty percent of females and 23.81% of males asked for forgiveness within their notes. The notion of an afterlife was discussed in approximately 38% of the notes written by males and 17% of those written by females.

Comparison of Note-Writers Motivated by Relationship Problems Compared to the Overall Sample of Note-Writers

Table 3

Comparison of the Overall Sample and Relationship Sample

		Overall	Relationship
	n	Percent	n Percent
Month of Death			
Feb	167	6.59	27 18.52
Jun		11.98	3.70
Jul		6.59	0.00
Oct		8.38	14.81
Day of Death			
24	167	4.79	27 11.11
25		4.79	14.81
Season			
Winter	167	28.74	27 44.44
Summer		23.95	3.70
Weekday			
Tuesday	166	15.66	26 30.77
Friday		9.64	0.00
Age			
10-19	167	1.80	27 0.00
50-59		16.77	25.93
60-99		16.77	0.00
Had Children	101	85.15	15 93.33
Occupation			
Retired	79	13.92	14 0.00
Unemployed		36.71	14.29
Worker		39.24	78.57
Living Situation			
Alone	111	45.05	17 64.71
With Kids		7.21	0.00
Previous Attempt	47	70.21	7 57.14
Sought Help	51	68.63	6 83.33
History of I/P Problems	87	91.95	24 100.00
Room Location			
Car	164	11.59	27 18.52
Garage		9.15	0.00
Living Room		12.80	25.93
Alcohol Use at Time of Suicide	60	70.00	9 55.56

Number of Notes				
Three	167	6.59	27	14.81
Eight or More		4.8		0.00
Word Count				
151-300	167	18.56	27	33.33
Significant Loss				
Relationship	167	17.96	27	44.44
Mentions				
Partner/Ex-Partner	167	32.34	27	59.36
Interpersonal Problems		39.52		74.07
Physical Pain	167	14.37	27	7.41
Apology—General	167	33.53	27	48.15
Apology—Personal	167	43.71	27	55.56
Blame	167	13.77	27	7.41
Precipitating Factor	167	22.75	27	40.74
Love for Others	167	76.05	27	88.89
Watching Over	167	10.18	27	18.52

Note. All instances in which variables could not be verified (Unknown) were not included in the calculations. Analysis of the overall sample was completed with the 27 relationally motivated cases removed and then again with those cases included. There were no notable differences between the findings from the two analyses. Therefore, the findings from the analyses using the larger sample (n=167) are provided herein. Interested parties may contact the author for additional information.

The overall sample of note-writers and the subset of note-writers whose suicide was identified as having been motivated by relationship problems were comparable across many variables. However, there were some notable differences among the two samples. The following is a summary of those differences. This data is also provided in a visual format in Table 3 above. All variables that were coded as unknown, and could therefore not be verified, were removed from the calculations. Thus, the following findings reflect only those cases in which the variable in question could be verified. The complete data set which includes all variables is provided in Appendix C.

Contextual information. With respect to age, there were no individuals between 60 and 99 in the relationally motivated group; however, this age range accounted for 16.77% of those in the overall sample. Approximately 2% of those in the overall sample

were between the ages of 10 and 19, whereas there were no individuals in this age group among the relational sample. Furthermore, individuals between the age of 50 and 59 accounted for 25.93% of the relationally motivated sample compared to 16.77% of the overall sample.

A slightly higher proportion of those in the relationally motivated group (93.33%) had children compared to those in the overall sample (85.15%). Approximately 65% of those in the relationally motivated sample were living alone at the time of their suicide compared to 45.05% of those in the overall sample of note-writers. Furthermore, it was found that approximately 7% of those in the overall sample were living with their children, while none of those in the relationally motivated sample were living with their children.

Those within the relationally motivated sample were employed at a much greater rate (78.57%) than those in the overall sample (39.24%). Among those in the overall sample, approximately 14% were retired, whereas none of those in the relationally motivated group were retired. The proportion of those who were unemployed was notably higher among the overall sample (36.71%) compared to those in the relationally motivated group (14.29%).

Those in the overall sample were more likely to have had a previous suicide attempt (70.21%) compared to those in the relationally motivated sample (57.14%). However, those in the relational group were more likely to have had sought help in response to suicidal tendencies (83.33%) compared to those in the overall sample (68.63%).

Characteristics of the suicide. Within the overall sample of note-writers, there was a comparable rate of suicides across all four seasons; however, as noted earlier, among the relationally motivated suicides, the winter season accounted for the greatest number of suicides (44.44%). In comparison, the winter accounted for 28.74% of the suicides among those in the overall sample. Furthermore, there were a greater number of suicides occurring during the summer season among the overall sample (23.95%) as compared to only 3.70% in the relationally motivated group. Suicides occurring in February accounted for 6.59% of the overall sample, while 18.52% of the relationally motivated sample committed suicide during this month. Approximately 12% of the suicides in the overall sample occurred in June, whereas only 3.70% of the relationally motivated sample committed suicide in June. As noted previously, none of the relationally motivated suicides occurred in the month of July; however, July accounted for approximately 7% of suicides among those in the overall sample. Approximately 8% of the overall sample committed suicide in October, while approximately 15% of the relationally motivated suicides occurred in October.

Suicides occurring on Tuesday accounted for a larger proportion among those in the relationally motivated group (30.77) as compared to those in the overall sample (15.66%). Suicides occurring on Friday accounted for approximately 10% of the suicides in the overall sample, whereas none of the relationally motivated suicides occurred on a Friday. The two leading days of death among relationally motivated suicides occurred on the 24th and 25th calendar days, accounting for 11.11% and 14.81% of suicides, respectively. In contrast, the 24th and 25th accounted for only 4.79% each among the overall sample of note-writers.

Alcohol was more likely to be used at the time of suicide among those in the overall sample (70%) as compared to those in the relationally motivated group (55.56). With respect to room location in which the suicide occurred, the living room accounted for 25.93% of suicides among those in the relationally motivated group, whereas only 12.80% of those in the overall sample committed suicide in this particular location. Suicides occurring in the garage accounted for approximately 10% of suicides among the overall sample, while none of those from the relational group committed suicide in the garage. However, those in the relational group committed suicide in the car at a higher rate (18.52%) compared to those in the overall note-writer sample (11.59%).

Characteristics of the note. Those in the relationally motivated sample were more likely to have written three suicide notes (14.81%) compared to those in the overall note-writer sample (6.59%). Approximately 5% of the overall sample wrote eight or more notes, whereas none of those in the relational group wrote eight or more notes. Approximately 33% of the notes written by those motivated by relational problems were between 151 and 300 words compared to 18.56% in the overall sample.

Approximately 41% of those in the relationally motivated sample discussed a precipitating factor associated with their suicide, whereas only 22.75% of the overall sample discussed a precipitant. Physical pain was mentioned in 14.37% of the overall sample of notes, whereas it was mentioned in 7.41% of those in the relational group. As might be expected, those in the relational group mentioned the loss of a significant relationship at a higher rate (44.44%) than those in the overall sample (17.96%). Furthermore, interpersonal problems were described in 74.07% of the notes from the relationally motivated group, while these issues were described in 39.52% of the overall

note-writer sample. An intimate partner or ex-partner was mentioned in approximately 60% of the notes from the relationally motivated sample compared to 32.34% of those in the overall sample of notes. An expression of love for others was made in approximately 76% of the overall sample of notes compared to approximately 89% of those in the relationally motivated group. Approximately 19% of the notes in the relational group addressed the issue of watching over the living compared to approximately 10% of the overall sample of notes.

Blame was ascribed in approximately 14% of the notes within the overall sample, whereas it was found at approximately half this rate (7.41%) among the relationally motivated sample. General apologies were provided in 33.53% of the notes within the overall sample compared to 48.15% in the relationally motivated sample. Slightly more prevalent was the occurrence of personal apologies which were found in approximately 44% of the notes in the overall sample and approximately 56% of those in the relationally motivated sample.

Discussion

There were several notable findings in the current study that lend themselves to further discussion. One of the most salient findings is the distinction between the relationally motivated sample and the overall sample of note writers. The demonstrated differences suggest that those who kill themselves in response to relational problems differ from those in other motivational categories. This finding supports Menninger's (1938) proposed motives for suicide: anger at others (to kill); anger at oneself (to be killed), and escape from unbearable pain (to die). Those in the relational category appear to fall within Menninger's anger at others/to kill motive. Furthermore, the other two most frequent motives identified in the overall sample of 167 cases were escape and failure/inadequacy. The escape theme is consistent with Menninger's category of escape from unbearable pain/to die, whereas the failure/inadequacy motive is consistent with the category of anger at oneself/to be killed.

In addition to simply demonstrating differences, the data provides valuable information about the unique situational factors, thoughts and feelings of those who commit suicide in response to relationship problems which has important clinical implications. Furthermore, the data suggests that there are differences between males and females who commit suicide in response to relationship troubles. Many of the differences between males and females in the relationally motivated sample can be understood by examining gender role differences in Western culture.

An important discussion point is the difference between the relationally motivated sample and other motivational categories. One of the most striking differences was in the tone of the notes within the relationally motivated sample as compared to some of the other motivational categories. For example, as a subset, the relationally motivated suicide

notes were characterized by an air of manipulation, resentment, and passive aggression. This can be illustrated in the following note excerpt, “I can’t see myself living without you being my wife, so I am going to die today knowing that even though you live in a different house than I do, we are still married...P.S. Here are some smokes, you will need them.” In other cases, writers were blatantly aggressive. Many of the notes in this category demonstrated a range of emotion and ambivalent emotion. For example, one note writer wrote, “...you treated me like shit and I will never forgive you for that. I will take the hate I have for you to the grave...I love you more than anyone else...” As can be seen in the previous example, some note writers would express loving feelings in one breath and hateful feelings in the next. This was a common occurrence among the writers in this sample. This range of emotion makes sense considering that these individuals had such strong positive feelings for others that they would consider suicide in the face of trouble within these relationships.

Several findings within the current study are supported by psychological theory. For example, the data appears to support Maslow’s Hierarchy of Needs (1943) which continues to receive widespread support. Maslow asserts that human needs are prioritized in a hierarchical manner, in which physiological needs take priority, second are safety needs, third are love and belongingness, fourth are esteem needs, and finally self-actualization. Among those in the relationally motivated sample, it was found that basic, physiological needs and safety needs were of little concern to these individuals as these needs had been obtained. That is, within the majority of cases in this sample, there were few instances in which people indicated significant difficulties related to housing,

finances, employment, and/or physical health. Therefore, consistent with the theory, the focus for these individuals became an emphasis on love and belongingness.

Although the overall sample of note writers included individuals of all age groups, the relationally motivated sample included only individuals within the age range of 20 and 59 years old. This finding appears to support Erikson's theory of psychosocial development (1968) in which he asserts that the primary psychosocial concern among individuals between 19 and 40 years old is love, wherein the developmental crisis is one of intimacy versus isolation. He further asserts that among the middle-aged (40-65) the psychosocial crisis is one of generativity versus stagnation. Generativity can be achieved through multiple avenues in which one contributes to society and provides guidance to future generations. For many, generativity is accomplished through parenting. Therefore, those facing separation from their children due to the dissolution of an intimate partnership may experience increased distress if this separation occurs during this stage of psychosocial development. Based on this finding it appears that the most significant risk of relationally motivated suicide occurs between 20 and 59 years of age.

Prior researcher suggests that relationship problems appear as a motivation for suicide most commonly among men age 25 to 34 (Shiner, Scourfield, Fincham, and Langer, 2009). However, the results within the current study conflict with those findings; males appeared to be most likely to commit suicide in response to relationship problems between the age range of 40 and 59. In contrast, females appeared to be at greatest risk between the ages of 30 and 39, and 50 and 59. Perhaps, these results reflect an increase in the significance of familial relationships among middle aged adults, rather than a focus on romantic relationships which is often a characteristic associated with young adulthood.

It was found that individuals in the relationally motivated sample were more likely to have children as compared to those in the overall sample of note-writers. This is interesting considering that having children is typically held as a protective factor. However, one must consider that the disruption or loss of protective factors may serve to increase suicidal risk. In comparison to those in the overall sample of note-writers, the relationally motivated note-writers were more likely to be living alone. Therefore, although most were parents, separation from children may have served to increase suicidal risk. This separation may have been the result of disrupted intimate relationships, or perhaps, occurred as young adult children left home. The latter would be consistent with the notion of the empty nest syndrome which is frequently associated with an increase in depression among middle-aged women as a consequence of separation and role confusion (Rose, 1977).

Employment, which is also considered a protective factor, was higher among the relationally motivated note-writers. That is, a greater number of individuals in the relationally motivated sample were employed at the time of their suicides than was the case among those in the overall sample. Thus, within the relationally motivated sample, employment status did not appear to be a protective factor. In addition, those in the overall sample of note-writers made mention of physical pain in their notes at a much higher rate than those in the relationally motivated sample. Furthermore, as was expected, those in the relationally motivated note-writer sample were more likely to discuss a precipitating event as compared to those in the overall sample of note-writers, and most often the precipitant was identified as interpersonal problems, including, but not limited to the loss of a significant relationship. In combination, these factors suggest that those

who commit suicide in response to troubled relationships are unique from those who fall into other motivational categories.

It was found that a higher proportion of the note-writers in the relationally motivated group committed suicide during the winter season than did those in the overall note-writer sample. One can speculate that this may have been due to the relational and familial focus that characterizes the holidays. Furthermore, suicide rates among those in the relational group were disproportionately higher during the months of February and October which may be associated with Valentine's Day and Sweetest Day (a romantic holiday celebrated in the state of Ohio). When compared to the overall note-writer sample, it was found that there was a higher rate of suicides among those in the relationally motivated group occurring on Monday and Tuesday. Interestingly, there were no suicides occurring on Friday within the relationally motivated sample. The weekend is typically a time characterized by more social activities, often involving intimate partners; thus, one could hypothesize that, on Friday, individuals may have been hopeful and optimistic about their interpersonal prospects. However, the increased suicide rates on Monday and Tuesday may be associated with having experienced troubling relational experiences over the weekend.

Consistent with Sanger and Veach (2008), positive relationship themes were more common than negative relational themes. For example, expressions of love for others, apologies, and gratitude were more prominent than themes of blame, isolation, and betrayal. Several notes contained themes that conveyed an attempt to assist loved ones in the grief process. For example, some writers attempted to comfort recipients by telling them they would be watching over them or that they look forward to the day they will

meet again. Even notes that contained advice or instructions demonstrated an attempt on the part of the writer to remain connected to others even after their death. For example, one writer asked the recipient to “take good care of yourself and don’t get in the shape I’m in.” This note continued with a request that particular people participate in the funeral proceedings.

Consistent with previous research (see Canetto & Lester, 2002; Canetto & Lester, 1999; McClelland et al., 2000) the findings suggest that a comparable rate of males and females commit suicide in response to problems within intimate partner relationships. This finding supports the notion that relationship problems, as a motivation to commit suicide, are a significant issue for both males and females. It also challenges the commonly held belief that women are more likely to commit suicide in response to relationship problems, while males are more likely to commit suicide in response to problems with achievement. Previous research has also shown no differences between love and achievement motives to commit suicide among males and females (Canetto & Lester, 2002).

Another interesting finding is that no males in the relationally motivated sample were identified as having been motivated to commit suicide in response to problems in relationships with children. However, approximately one-third of the females in this sample were believed to be motivated to commit suicide in response to problems in relationships with children. This may reflect the social pressures experienced by females which place significant emphasis on the role of women as mothers.

Consistent with previous research, it was found that males were more likely to commit suicide via gunshot, whereas females were more likely to commit suicide via

overdosing on toxic substances. It has long been hypothesized that the discrepancy in completed suicide among males and females may be due to males being more likely to utilize more lethal means, such as firearms.

Another interesting finding was that no males in the sample committed suicide in the bathroom, while this was the most likely place for the females in the sample to kill themselves. In contrast, males were more likely commit suicide in the bedroom. As noted in the results, females were much more likely to express feeling like a burden to others within the content of their suicide notes. It can be hypothesized that this concern about being a burden on others may contribute to their decision to commit suicide in the bathroom as this location may lend itself to an easier clean-up process. In contrast, males in this category demonstrated a much greater rate of overt hostility and the ascription of blame, which may inform the choice of the bedroom as the location for suicide. More specifically, the bedroom is a place that is symbolic of intimate relationships. Therefore, one can speculate that the decision to commit suicide in the bedroom may be an attempt to elicit greater distress in the surviving partner.

There were also several interesting gendered phenomenon related to time of death. For example, females were approximately four times more likely than males to commit suicide in January. This phenomenon may be related to females feeling as though they have greater obligations to the family during the holiday season, such that they must first make it through the holidays. Or perhaps, the winter weather may result in more time spent indoors, such that these women may feel trapped within the confines of their homes and their troubled relationships. Males were more likely to commit suicide on Tuesday, while females committed suicide predominantly on Sunday and Monday. This may

demonstrate a greater sense of resolve to commit suicide among females, while males may hold out hope longer. One can speculate that males may obtain greater satisfaction from work; therefore, they may entertain the idea of entering into the week hoping to gain a sense of meaning or balanced perspective as a consequence of their work experiences.

Living alone appeared to carry more risk of completed suicide among the males in the relationship sample. This may reflect the greater likelihood that males tend to have fewer supports outside of their romantic and familial relationships. In addition, males are less likely to seek professional mental health service, which has been hypothesized to be related to gender role stereotypes. For example, males may perceive help seeking as a weakness.

All of the females in the relationship sample wrote only one suicide note, whereas half of the males wrote two or three notes. In addition, the suicide notes of males tended to be longer than those left by females. This is interesting because it appears to contradict the notion that females tend to have a more relational focus. However, the length of the notes written by males could suggest that they have more to communicate in their suicide notes because they found it difficult to communicate their thoughts and feelings directly during the life of these relationships.

With respect to themes present within the suicide notes, notes written by female suicide completers demonstrated a greater presence of themes related to pain, burdensomeness, under-appreciation, failure, enmeshment, and afterlife. One can speculate that these females felt more able to express experiences of pain, failure, and burdensomeness. Or perhaps, the females in this sample experienced greater feelings of pain, failure, and burdensomeness as compared to the males.

Enmeshment likely characterized most of these relationships to varying degrees; however, it was most clearly demonstrated in the notes of males. They tended to explicitly reveal the poor boundaries that characterized their relationships. This theme is captured within a note that stated, “I would do anything in the world you wanted me to...” This may demonstrate a greater tendency of the males in the sample to have unhealthy boundaries. It may also indicate an attempt to externalize responsibility for their decision to commit suicide.

It was interesting that both males and females discussed issues related to finances at a comparable rate. This seems to contradict the belief that males tend to be more concerned with achievement, including, but not limited to financial stability. Discussions of finances included experiences of financial struggles, in many cases related to the costs of divorce. In other cases, individuals discussed the allocation of finances which might reflect an attempt to take care of others, or may contribute to a sense of continued connection to others.

Females also tended to discuss issues related to afterlife, such as watching over loved ones after death. This appears to demonstrate a desire for continued relational connectedness and an effort to provide loved ones with a sense of comfort. This tendency among the females in the sample appears to support the notion that females possess a greater tendency toward nurturance and concern for the emotional well-being of others.

Table 4 below illustrates the differences in suicide note characteristics between males and females in the overall note writer sample and the males and females in the relationship sample. As one can see, there are clear differences. Most notably, the females in the relationship sample demonstrated feelings of shame and failure, absolved

others from blame and asked for forgiveness, whereas the other groups did not express these same prominent themes. This suggests that the females in the relationship may have internalized responsibility for their perceived relationship problems; perhaps believing that they deserved to be punished or that their loved ones would be better off without them.

Table 4

Characteristics and Content Differences of the Suicide Notes

	Overall Sample		Relationship Sample	
	Male	Female	Male	Female
Dated		X		
Organized Thoughts	X	X	X	X
Addressee	X	X	X	X
Provided Justification	X	X	X	X
Gave Advice		X		X
Apology-General			X	X
Apology-Personal	X	X	X	X
Escape		X		
Absolve from Blame				X
Precipitating Factor			X	X
Psychological Pain		X		
Unspecified Pain				X
Interpersonal Problems	X	X	X	X
Tired				X
Cognitive Constriction			X	X
Shame				X
Loved by Others				X
Love for Others	X	X	X	X
Failure				X
Signature	X	X	X	X
Mentioned God/Religion	X	X		X
Mentioned Afterlife	X	X	X	X
Asks for Forgiveness		X		X
Disposal of Body				X
Care of_____		X		X
Disposal of Property			X	

Note. A 30 percent inclusion cut off was set. Thus, the variables included appeared in at least 30 percent of the sample.

Limitations

The most salient limitation of the current study was the low number of females in the relationally motivated sample. In order to assess the validity of these findings, the study should be replicated with a larger sample size. However, similar studies have demonstrated consistent findings. For example, Canetto and Lester (2002) analyzed suicide notes for love and achievement motives using a sample of 42 male decedents and 14 female decedents and reported no difference between men and women in the sample. Lester, Wood, Williams, and Haines (2004) replicated Canetto and Lester's study using a larger sample and reported consistent findings; more specifically, men were more likely to be motivated to commit suicide in response to love and romantic problems. In another study, Shiner, Scourfield, Fincham, and Langer (2009) reported that relationship breakdown appeared as a trigger of suicide more commonly among men than among women. Thus, it is likely that, even with a greater sample size, findings would be similar to those of the current study.

Another limitation was found in the difficulty inherent in determining the motivational category for some of the cases. Often times, even if it was apparent that relationship discord was clearly a contributing factor in one's decision to commit suicide, there were other factors involved as well. The researchers found it difficult in these cases to determine which factor played the most significant role; thus, these notes were often identified as being motivated by "escape multiple" or "cannot be determined" rather than relationship.

Another limitation was the considerable degree of variability in the level of detail that investigators incorporated into their reports. Some investigators went to such lengths

as to interview family members and inventory medicine cabinets. Others, however, had reports that included little more than a brief description of the scene of the suicide.

Investigators freely chose what to include in their reports, which may have reflected personal biases regarding the motivations for why individuals choose to take their lives.

A potential method to address this issue would be for Coroner's Offices to develop a uniform set of inquiries and a template for their reports so that the information included is more consistent across investigators.

Future Research Directions

There are several areas in which future research is needed to better understand suicidal thinking and, ultimately to aid in prevention efforts. Comparisons of note-writers to non-note writers are needed to establish if there are substantial differences between the two groups which would limit the generalizability of research findings stemming from either group. Despite the fact that a relatively low percentage of individuals who complete suicide leave a suicide note, research thus far has not demonstrated significant differences between the two groups. However, further research in this area, looking at a greater number of factors is needed. In addition, an analysis in which particular variables are drawn out to develop groupings could provide valuable information about what makes particular groups of suicide completers different. For example, one could group all cases that convey anger within the suicide note. This analysis may provide information about this group that sets these suicide completers apart from others; perhaps, demonstrating that this group is more likely to act impulsively, or to ascribe a greater degree of blame to others.

Another area of future research includes an analysis of gender across all motivational categories. This could assist in establishing whether there are important gendered differences among males and females who commit suicide. In addition, considering the drastic rate of women who attempt suicide in comparison to those who complete suicide, it would be interesting to assess differences between female attempters and completers. This could help to understand the differences between women who complete suicide and those who attempt. It may be that women who complete suicide share a greater degree of similarity to male suicide completers than to women who attempt suicide.

Clinical Implications

The findings suggest that a large proportion of those who commit suicide do so in response to relational problems. This suggests a need for mental health professionals to assess for the presence of relational problems when working with someone who discloses suicidal ideation. Often times, these issues can be unconsciously overlooked, or may be thought of as less important than addressing symptoms of depression or previous suicidal behavior.

Another important clinical implication comes from the differences found between the relationally motivated sample and the overall sample. More specifically, the knowledge that this group of individuals is uniquely different from those in other motivational categories, supports the need for prevention and intervention strategies that are specific to the needs of this group. Interventions should be tailored to the needs and concerns of the client. Interventions should be different for the person contemplating suicide in response to relational problems versus someone who is considering suicide as a means to escape

health problems. Therefore, a thorough assessment of contextual factors such as the presence or absence of relationship discord, familial separation, or social isolation, is crucial to effective treatment planning and risk management strategies. Interventions that may be especially beneficial to individuals contemplating suicide as a consequence of relational problems may include esteem building, assertiveness/communication training, couples/family counseling, exploration of attachment issues, or psychoeducation around domestic violence.

In addition, the findings from the current study are consistent with previous research that has demonstrated the significance of a history of suicidal behavior in increasing the risk for completed suicide. As such, the importance of intervening with suicide attempters cannot be emphasized enough. Suicidal individuals are routinely released from the hospital after the ‘imminent’ risk of suicide has passed. All too often however, these individuals are not provided with resources for continued community support and services.

The current study also has implications for the survivors of those who commit suicide in response to relationship problems. Each person who commits suicide leaves behind a network of affected individuals. A recent telephone survey in the United States found that 7% of the sample had been exposed to a suicide within the last year, and 1% had lost an immediate family member (Crosby & Sacks, 2002). Exposure to suicide is associated with increased risk for a number of negative consequences. Perhaps the most disturbing is the increased risk of suicide.

Crosby and Sacks (2002) reported that individuals in their sample who knew someone who died by suicide in the past year were 1.6 times more likely to have suicidal

ideation, 2.9 times more likely to have suicidal plans, and 3.7 times more likely to have attempted suicide. The risk increases for survivors who have lost an immediate family member. For example, Agerbo (2005) reported a 46-fold increase in suicidality for men who had lost a spouse to suicide. Beyond the increased risk of suicide, there is evidence of several other negative psychological, physical, and social consequences associated with the loss of a loved one to suicide. Therefore, postvention efforts can serve as preventive efforts as well.

Grief is a difficult process in and of itself, but for those who lose a loved one to suicide, grief can be even more complicated. Research suggests that there are more similarities than differences between suicide bereavement and other types of death (Clark & Goldney, 2000; Cleiren & Diekstra, 1995). However, there might be aspects of grieving that could be different. For example, Andriessen (2009) points out that guilt, shame, rejection, self blame, and social stigma are more common among suicide survivors. Consider the romantic partner who not only loses someone to suicide, but perhaps was blamed in the suicide note, or a child who loses a parent to suicide. These experiences can have a devastating impact on survivors' thoughts and feelings surrounding their loss.

Children and adolescents exposed to suicide comprise an often overlooked group of survivors in need of postvention services. Estimates suggest that approximately 60,000 youth under 18 years old experience the suicide of a relative each year in the United States. Bereavement in response to suicidal death is difficult for survivors at any age, but can be even more devastating for children and adolescents. Furthermore, child and youth survivors of parental suicide are more profoundly impacted because of their dependency

needs. Understanding the concept of death is challenging for young children and it becomes even more complicated when a child learns that the death was self-inflicted. Timely interventions can help children and adolescents to process their experiences. One of the most critical intervention issues comes in telling the youth about the suicide; experts suggest that youth be told the truth about the suicide in a developmentally appropriate manner, which may be an area in which clinical professionals can be of assistance (Jordan & McIntosh, 2011).

Psychotherapy and support groups for survivors can be more efficacious when tailored to the unique needs of these survivors. Of course, some of the experiences of survivors of suicide will be similar across groups, but there are also likely to be substantial differences depending on the specifics surrounding the suicide. For example, a cancer support group may be very helpful to individuals facing a range of cancer diagnoses. However, a breast cancer support group would be even more specific to the needs of individuals with breast cancer. This same idea translates to support groups for survivors of suicide. That is, those losing someone to suicide in response to relationship problems will likely gain more benefit from a group that is tailored to the needs of such a group.

Conclusion

Suicide remains a major health problem in the United States. As such, research is needed to better understand suicidal behavior in order to aid in prevention efforts. The current study built upon literature related to the role of gender and interpersonal relationships in suicidality. Through the analysis of suicide notes written by individuals who completed suicide, this study provided insight into the role of gender and interpersonal dynamics in completed suicide. The data demonstrated that those who commit suicide in response to relational problems are uniquely different than those who commit suicide for other reasons. In addition, there were several notable differences between males and females within the relationally motivated sample. These findings can be used to develop interventions that meet the unique needs of individuals at risk of suicide in response to interpersonal troubles, as well as for the survivors affected by the loss of a loved one.

Appendix A

Coding Sheet

Abuse : <input type="radio"/> Victim <input type="radio"/> Perpetrator					
Notes:					
<i>Characteristic of Suicide</i>					
Date Note written _____	Time Note written _____	Season _____	Day _____		
Location _____	Room Location_____				
When s/he write the Note? <input type="radio"/> Same Time <input type="radio"/> Earlier <input type="radio"/> UK					
Note was found? <input type="radio"/> With Body <input type="radio"/> Not with body <input type="radio"/> UK					
Type of Suicide <input type="radio"/> Single <input type="radio"/> Dual					
Alcohol/Substance Use <input type="radio"/> Y <input type="radio"/> N <input type="radio"/> UK					
Trauma Type <input type="radio"/> Asphyxia <input type="radio"/> Toxic Substance <input type="radio"/> Multiple <input type="radio"/> Blunt Force <input type="radio"/> Thermal <input type="radio"/> Gunshot <input type="radio"/> Sharp force					
Trauma Caused by <input type="radio"/> Carbon monoxide <input type="radio"/> Drowning <input type="radio"/> Fall <input type="radio"/> Drug Reaction <input type="radio"/> <input type="radio"/> Handgun <input type="radio"/> Ligature <input type="radio"/> Overdose <input type="radio"/> Poison <input type="radio"/> Rifle <input type="radio"/> Shotgun <input type="radio"/> Suffocation <input type="radio"/> Train <input type="radio"/> Vehicle <input type="radio"/> Other : _____					
Notes:					
<i>Characteristic of Notes</i>					
Number of Notes : _____ Word Count: <input type="radio"/> 0-25 <input type="radio"/> 26-150 <input type="radio"/> 151-300 <input type="radio"/> 301 or more					
Significant Loss : <input type="radio"/> Death <input type="radio"/> Relationship <input type="radio"/> Acquired Disability <input type="radio"/> Not Mentioned <input type="radio"/> Other _____					
Who was mentioned in the note? <input type="radio"/> Friend <input type="radio"/> Children <input type="radio"/> Partner <input type="radio"/> Sibling <input type="radio"/> Parent <input type="radio"/> Family <input type="radio"/> UK <input type="radio"/> Generic <input type="radio"/> None					
Dated <input type="radio"/> Y <input type="radio"/> N	Weight/Body Image Issue Mentioned <input type="radio"/> Y <input type="radio"/> N				
Organized Thoughts <input type="radio"/> Y <input type="radio"/> N	Guilt <input type="radio"/> Y <input type="radio"/> N				
Addressee <input type="radio"/> Y <input type="radio"/> N	Ambivalence <input type="radio"/> Y <input type="radio"/> N				
Justification/Rationalization <input type="radio"/> Y <input type="radio"/> N	Pain/Illness-Psychological <input type="radio"/> Y <input type="radio"/> N				
School Problems <input type="radio"/> Y <input type="radio"/> N	Pain/Illness-Unspecified <input type="radio"/> Y <input type="radio"/> N				
Interpersonal Problems <input type="radio"/> Y <input type="radio"/> N	Financial Problems <input type="radio"/> Y <input type="radio"/> N				

Job/Work Problems	<input type="radio"/> Y <input type="radio"/> N	Legal Problems	<input type="radio"/> Y <input type="radio"/> N
Burden	<input type="radio"/> Y <input type="radio"/> N	Dichotomous	<input type="radio"/> Y <input type="radio"/> N
Apathy	<input type="radio"/> Y <input type="radio"/> N	Feeling- Sadness	<input type="radio"/> Y <input type="radio"/> N
Advice	<input type="radio"/> Y <input type="radio"/> N	Feeling- Lonely	<input type="radio"/> Y <input type="radio"/> N
Pain/Illness-Physical	<input type="radio"/> Y <input type="radio"/> N	Feeling-Joy	<input type="radio"/> Y <input type="radio"/> N
Medication	<input type="radio"/> Y <input type="radio"/> N	Feeling-Angry	<input type="radio"/> Y <input type="radio"/> N
Apology-General	<input type="radio"/> Y <input type="radio"/> N	Feeling-Tired	<input type="radio"/> Y <input type="radio"/> N
Apology-Personal	<input type="radio"/> Y <input type="radio"/> N	Feeling-Hopeless	<input type="radio"/> Y <input type="radio"/> N
Constriction/T. Vision	<input type="radio"/> Y <input type="radio"/> N	Feeling-Relief	<input type="radio"/> Y <input type="radio"/> N
Quotations	<input type="radio"/> Y <input type="radio"/> N	Feel- Worthless/Unlovable	<input type="radio"/> Y <input type="radio"/> N
Blame	<input type="radio"/> Y <input type="radio"/> N	Feeling-Loved by others	<input type="radio"/> Y <input type="radio"/> N
Absolve from Blame	<input type="radio"/> Y <input type="radio"/> N	Discrimination/Oppression	<input type="radio"/> Y <input type="radio"/> N
Shame	<input type="radio"/> Y <input type="radio"/> N	Feeling-Love for Others	<input type="radio"/> Y <input type="radio"/> N
Life Not Worth Living	<input type="radio"/> Y <input type="radio"/> N	Feels Like Failure	<input type="radio"/> Y <input type="radio"/> N
Precipitating Event	<input type="radio"/> Y <input type="radio"/> N	Signature	<input type="radio"/> Y <input type="radio"/> N <input type="radio"/> Unclear
Only Instructions?	<input type="radio"/> Y <input type="radio"/> N	Typed	<input type="radio"/> Y <input type="radio"/> N
Abuse	<input type="radio"/> Y <input type="radio"/> N	Sent via Mail	<input type="radio"/> Y <input type="radio"/> N
Escape	<input type="radio"/> Y <input type="radio"/> N	Mention of God/Religion	<input type="radio"/> Y <input type="radio"/> N
		Humor	<input type="radio"/> Y <input type="radio"/> N
Afterlife :	<input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Neutral <input type="radio"/> Uncertainty <input type="radio"/> No Mention		
Morality of suicide :	<input type="radio"/> Moral <input type="radio"/> Immoral <input type="radio"/> Neutral <input type="radio"/> Unclear <input type="radio"/> No Mention		
Reunion :	<input type="radio"/> Deceased <input type="radio"/> Living relative <input type="radio"/> Watching over <input type="radio"/> No Mention		
Forgiveness :	<input type="radio"/> Asks for self <input type="radio"/> Asks for others <input type="radio"/> Gives to self <input type="radio"/> Gives to others <input type="radio"/> No Mention		
If Instruction :	<input type="radio"/> No Foul Play <input type="radio"/> Disposal-Body <input type="radio"/> DNR <input type="radio"/> Disposal-Property <input type="radio"/> Manage Affairs <input type="radio"/> Repay Debt <input type="radio"/> No Mention <input type="radio"/> Custody <input type="radio"/> Care of _____ <input type="radio"/> Other : Specify_____		
Notes :			
Motivation (Choose One Based on Information in the Suicide Note)			
Relationship	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner		

	<input type="radio"/> Multiple
Alienation	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Multiple
Failure/ Inadequacy	<input type="radio"/> Children <input type="radio"/> Parents <input type="radio"/> Other Family <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Self <input type="radio"/> Multiple
Guilt	<input type="radio"/> Specify_____
Escape	<input type="radio"/> Somatic <input type="radio"/> Legal <input type="radio"/> Financial <input type="radio"/> Self <input type="radio"/> Psychological <input type="radio"/> Multiple
Spiritual/Afterlife	<input type="radio"/> Yes
Revenge	<input type="radio"/> Yes
Altruism	<input type="radio"/> Yes
Abuse	<input type="radio"/> Physical <input type="radio"/> Emotional <input type="radio"/> Sexual <input type="radio"/> Unknown
Oppression/ Discrimination	<input type="radio"/> Specify_____
Death	<input type="radio"/> Yes
Unclear	<input type="radio"/> Cannot be Determined
Notes:	
<i>Motivation (Choose One Based on Information from the Entire File)</i>	
Relationship	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Multiple
Alienation	<input type="radio"/> Family <input type="radio"/> Children <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Multiple
Failure/ Inadequacy	<input type="radio"/> Children <input type="radio"/> Parents <input type="radio"/> Other Family <input type="radio"/> Friend <input type="radio"/> Intimate Partner/Ex-partner <input type="radio"/> Self <input type="radio"/> Multiple
Guilt	<input type="radio"/> Specify_____
Escape	<input type="radio"/> Somatic <input type="radio"/> Legal <input type="radio"/> Financial <input type="radio"/> Self <input type="radio"/> Psychological <input type="radio"/> Multiple
Spiritual/Afterlife	<input type="radio"/> Yes
Revenge	<input type="radio"/> Yes
Altruism	<input type="radio"/> Yes
Abuse	<input type="radio"/> Physical <input type="radio"/> Emotional <input type="radio"/> Sexual <input type="radio"/> Unknown
Oppression/ Discrimination	<input type="radio"/> Specify_____
Death	<input type="radio"/> Yes
Unclear	<input type="radio"/> Cannot be Determined
Notes:	

<i>Coder Reactions and Impressions</i>				
Reactions	<input type="radio"/> Anger	<input type="radio"/> Sadness	<input type="radio"/> None	<input type="radio"/> Other_____
Impressions	<input type="radio"/> Manipulation	<input type="radio"/> Entitled	<input type="radio"/> Vindictive	<input type="radio"/> Other_____
<i>Y:Yes,N-No, UK- Unknown</i>				

Appendix B

Definitions

Definitions for Coding Sheet Variables

Demographics

Religion – Was a religious affiliation apparent in the note or case file?

Date of Death – When did the investigators report that the death occurred?

Age – How old was the deceased?

Children – Are children mentioned in the note or case file?

Pets – Were any pets mentioned in the note or case file?

Occupation – Job classification of the deceased

Living Situation – With whom did the deceased live?

Military Service – Did the note or case file mention current or previous military service?

Previous History

Legal Problems – Criminal or civil charges/cases

Physical Illness – Cancer, HIV-AIDS, etc.

Drug/Al Abuse – Does the note or case file mention any substance abuse or dependence issues?

Previous Suicide Attempt – Does the note or case file mention a previous suicide attempt?

School – Does the note or case file suggest any school problems?

Did they seek help? – Is any psychiatric, police, or medical intervention for suicidality mentioned?

Psychiatric Illness – Depression, Schizophrenia, etc. (Not Alcohol or Drug abuse)

Homeless – Did the deceased have a place to live?

Financial Problems – Does the note or case file mention a history of foreclosure, repossessions, debt, etc.

Struggling with Minority Identity – Was the deceased having problems accepting or dealing with problems surrounding a specific minority identity (gay/lesbian, female, disability, etc.)?

Interpersonal – Did the note or case file mention a history of interpersonal problems (romantic, friendship, etc.)?

Abuse – Any physical, emotional, or sexual abuse mentioned in the note or case file? (Note: abuse of someone else should be coded in other, with a specifier indicating the person abused.)

Abuse II – Was the deceased a victim or perpetrator of abuse?

Characteristic of Suicide

Date note written – Only if the date is written on the note

Time note written – Only if the time is written on the note

Season – Winter (Dec. 21-March 20), Spring (March 21-June 20), Summer (June 21- Sept. 22), Fall (Sept. 23-Dec. 20)

Day – Day of the week (Mon, Tues, etc.)

Location – Where did the death occur? (Home, park, friend's house, etc.)

Where at Location – Was there a mention of the body being found in a particular room?

When did (s)he write the note – Was the note written at the time of suicide or some other time?

Note was found? – Was the note found in the same place as the body, or somewhere else?

Type of Suicide – Single or dual suicide

Alcohol/Substance Use – Was there an indication of drug/alcohol use at the scene?

Trauma Type – What was the medical cause of death?

Trauma Caused by – What means did the deceased use to commit suicide?

Characteristic of Note (These are explicit statements in the note, no assumptions here!)

Number of Notes – The number of separate notes (Note: do not count journal entries)

Word Count (Cumulative if more than one note) – one-for-one; each word, name, or date gets counted. (Again, do not count journal entries)

Who is mentioned in the note – Is anyone mentioned anywhere in the note?

Dated – Is there a date for when the note was written on the note?

Organized Thoughts – Does the note generally flow well and make sense? (No word salad, incoherence, etc.)

Addressee – Is the note addressed to a particular person? “Dear...” or “To whom it may concern...”

Justification/Rationalization – Did they provide a specific reason for their suicide?

School Problems – Does the note mention academic problems?

Interpersonal Problems – Does the note mention problems with relationships (classmates, partners, friends, etc.)

Job/Work Problems – Any problems at work mentioned?

Burden – Did the note mention that (s)he felt like a burden to others?

Apathy - “Life doesn’t matter...I don’t care if I live or die...”

Advice – Life instructions for others, “Be true to yourself...” NOT Instructions for others.

Pain/Illness-Physical – Does the note mention that the deceased is/has been in physical pain?

Medication – Did they mention any medication in the note?

Apology-General – Is there a “sorry” that is not directed to a specific person?

Apology-Personal – Note writer apologizes to a specific person.

Constriction/Tunnel Vision – Suicide is presented as the only solution to a problem. (i.e. A problem is presented, and suicide solves that problem. No other options.)

Quotations – Does the note quote what someone said, sang? (Including Bible verses)

Blame – The reason for suicide is attributed to a particular person, situation.

Absolve from Blame – The note writer indicates that a person or people are not to blame for the suicide.

Shame – Note writer must mention they are ashamed or embarrassed.

Life not worth living – Pretty much need to have this phrase in the note; (Some direct statement about the lack of value in life)

Precipitating Event – Specifically mention something happening that leads to the suicide

Only Instructions – The note taker only asks for something to be done by another in the note.

Abuse – Is abuse of writer or anyone else mentioned

Escape – The act is attributed to “getting away” or escaping a person, situation, etc.

Weight/Body Image – Does the deceased mention being unattractive, overweight, or undesirable in some physical way?

Guilt – Note writer must mention they are guilty about something.

Ambivalence – Indication that there is uncertainty about suicide: “I want to die, but I also want to live”

Pain/Illness-Psychological – Does the individual claim that they are experiencing mental/emotional pain, or mention a psychological disorder? (Note: do not include drug or alcohol use.)

Pain/Illness-Unspecified – The note writer indicates they are in pain, but does not mention a source of the pain.

Financial Problems – Are financial difficulties mentioned in the note?

Legal Problems – Are civil or criminal legal issues mentioned in the note?

Dichotomous – Black/White all-or-none language: “everyone, no one, etc”.

Emotions – The following must be explicitly by the note writer, (“I feel _____”)

- *Feeling- Sadness*
- *Feeling-Lonely*
- *Feeling-Joy*
- *Feeling-Angry*
- *Feeling-Tired*
- *Feeling-Hopeless*
- *Feeling-Relief*
- *Feeling-Worthless*

Feeling-Loved by Others – Mentions that others have loved him/her

Discrimination/Oppression – The note mentions abuse or unfair life circumstances that occur based on aspects of one’s identity

Feeling-Love for Others – Expresses love for others.

Feels Like Failure – The note writer indicates in the note that he/she has failed self or other.

Signature – Has the person written his/her own name anywhere on the note?

Typed – Is the letter typed?

Sent Via Mail – Does it appear that the letter was mailed to the recipient?

Mention of God/Religion – Does the note writer give reference to God or religion?

Humor – Does the note writer joke, use irony, or indicate that something is funny?

Afterlife – How do they describe the afterlife, if at all?

Morality of suicide – Do they specifically mention whether suicide is right or wrong?

Reunion – Do they say that they will meet others or watch over others?

Forgiveness – Does the note writer explicitly ask for/give forgiveness? (This is different from saying “sorry”.)

If Instruction – Are instructions given to those who read the note? What are they? (Use other if no appropriate category exists.)

Motivation (From the note: only consider the information in the suicide note, not journal entries or investigators’ notes) This is meant to reflect the impressions of the coders with regard to why the individual committed suicide.

The following definitions pertain to the specifiers for some of the motivations:

- Family: someone, not a child or romantic partner, related to the person by blood
- Children: biological offspring of a person, or someone adopted or married into one’s immediate family (i.e. step-child, legal guardian)
- Friend: someone significant in the person’s life, who does not fall into any of the above three categories
- Intimate partner: someone who is or was in a romantic-intimate relationship with a person (e.g. married, engaged, dating, cohabitating)

Relationship – Killing self in response to a relational conflict, abandonment, custody, divorce

Alienation – Killing self in response to perceived emotional isolation from society, family, friends, or intimate partner relationships

Failure/Inadequacy – Motivations of low self-esteem, worthlessness, self-hate.

Basic pessimism about current life situation. Frustration at not achieving desired end or goal. Feeling sorry for self. Hopelessness, undeservingness, stagnation, despair.

Feelings of not living up to own expectations or expectations of others.

Guilt – The individual feels guilty about something he/she has done.

Escape – There is a need to escape one's life circumstances or personal ailments

Spiritual/Afterlife – Belief in continuation of eternal life/existence, good or bad, following death. Need to end current life in order to gain entry into an existence different from current situation.

Revenge – Killing self to spite another (or others)

Altruism – An unselfish concern for the welfare of others; motivation to help others

Abuse – Physical contact intended to cause feelings of intimidation, pain, injury or other physical suffering or bodily harm. Being subjected to psychologically harmful intimidation, threats, or yelling. Forced into undesired sexual behaviors.

Oppression/Discrimination – Abuse or unfair life circumstances that occur based on aspects of one's identity

Death – Killing self in response to overwhelming grief due to loss of a loved one; witnessing a death; contributing to a death; responsible for a death

Motivation (From all information available) This is meant to reflect the impressions of the coders with regard to why the individual committed suicide.

Relationship – Killing self in response to a relational conflict, abandonment, custody, divorce

Alienation – Killing self in response to perceived emotional isolation from society, family, friends, or intimate partner relationships

Failure/Inadequacy – Motivations of low self-esteem, worthlessness, self-hate. Basic pessimism about current life situation. Frustration at not achieving desired end or goal. Feeling sorry for self. Hopelessness, undeservingness, stagnation, despair. Feelings of not living up to own expectations or expectations of others.

Guilt – The individual feels guilty about something he/she has done.

Escape – There is a need to escape one's life circumstances or personal ailments

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Oppression/Discrimination – Abuse or unfair life circumstances that occur based on aspects of one's identity

Death – Killing self in response to overwhelming grief due to loss of a loved one; witnessing a death; contributing to a death; responsible for a death

Coder Reactions and Impressions: This is meant to capture the cognitive and affective responses of the coders after reading the notes.

Reactions – How do you feel?

Impressions – Did the note strike you as having a particular quality?

Appendix C

Detailed Comparison of Overall Sample and Relationships Sample

Comparison of the Overall Sample and Relationship Sample

	n	Overall Percent	n	Relationship Percent
Month of Death				
Jan	167	13.17	27	18.52
Feb		6.59		18.52
Mar		8.98		7.41
Apr		9.58		11.11
May		5.99		3.70
Jun		11.98		3.70
Jul		6.59		0.00
Aug		6.59		3.70
Sep		8.38		3.70
Oct		8.38		14.81
Nov		5.39		3.70
Dec		8.38		11.11
Day of Death				
1-15	167	43.7	27	40.74
16-31		56.3		59.26
Year of Death				
2000	167	9.58	27	7.41
2001		10.18		11.11
2002		9.58		11.11
2003		7.19		7.41
2004		14.37		11.11
2005		16.17		18.52
2006		10.78		7.41
2007		5.39		7.41
2008		9.58		7.41
2009		7.19		11.11
Season				
Winter	167	28.74	27	44.44
Spring		25.15		22.22
Summer		23.95		3.70
Fall		22.16		29.63
Weekday				
Mon	166	16.87	26	11.54
Tues		15.66		30.77
Wed		20.48		11.54
Thurs		13.25		15.38

Fri		9.64		0.00
Sat		9.04		11.54
Sun		15.06		19.23
Age				
10-19	167	1.80	27	0.00
20-29		16.77		18.52
30-39		16.17		22.22
40-49		31.74		33.33
50-59		16.77		25.93
60-69		8.38		0.00
70-79		4.79		0.00
80-89		2.40		0.00
90-99		1.20		0.00
Gender				
M	167	73.65	27	77.78
F		26.35		22.22
Race				
White	167	94.61	27	77.78
Black		4.79		22.22
Other		0.60		0.00
Had Children	101	85.15	15	93.33
Had Pets	27	77.78	4	50.00
Occupation				
Retired	79	13.92	14	0.00
Unemployed		36.71		14.29
Worker		39.24		78.57
Student		3.80		0.00
Other		6.33		7.14
Living Situation				
Alone	111	45.05	17	64.71
With Kids		7.21		0.00
With Family/Parents		10.81		5.88
Other		0.90		0.00
Legal Problems	43	81.4	5	100.00
Physical Illness	74	90.54	8	100.00
Substance Abuse				
Yes	63	61.90	7	71.43
History		14.29		14.29
Previous Attempt	47	70.21	7	57.14
Sought Help	51	68.63	6	83.33
Had Psychiatric Illness	108	94.44	15	93.33
Had Financial Problems	51	92.16	5	80.00
History of I/P Problems	87	91.95	24	100.00
Location				
Home	166	76.51	27	70.37
Not Home		23.49		29.63

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Room Location				
Car	164	11.59	27	18.52
Garage		9.15		0.00
Living Room		12.80		25.93
Note Found				
With Body	166	54.22	22	63.64
Not With Body		29.52		36.36
Alcohol Use at Time of Suicide	60	70.00	9	55.56
Trauma Type				
Asphyxia	166	27.71	27	22.22
Toxic Substance		21.08		18.52
Multiple		1.20		0.00
Blunt Force		0.60		3.70
Gunshot		47.59		55.56
Sharp Force		1.81		0.00
Trauma Caused By				
Carbon Monoxide	166	9.04	27	11.11
Drowning		1.20		0.00
Handgun		35.54		44.44
Ligature		16.27		11.11
Overdose		19.88		18.52
Poison		0.60		0.00
Rifle		3.61		7.41
Shotgun		8.43		3.70
Suffocation		1.81		0.00
Train		0.60		0.00
Vehicle		1.20		3.70
Other		1.81		0.00
Number of Notes				
One	167	67.07	27	62.96
Two		14.97		14.81
Three		6.59		14.81
Four		2.40		0.00
Five		2.40		3.70
Six		1.80		3.70
Eight or More		4.80		0.00
Word Count				
1-25	167	14.37	27	11.11
26-150		40.12		33.33
151-300		18.56		33.33
301+		26.95		22.22
Significant Loss				
Relationship	167	17.96	27	44.44
Death		2.40		0.00
Disability		8.98		3.70
Other		2.40		0.00
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Mentions				
Partner/Ex-Partner	167	32.34	27	59.36
Friend		16.17		11.11
Child		35.93		40.74
Sibling(s)		13.17		11.11
Parent(s)		31.74		29.63
Family		25.75		14.81
Unknown		52.10		44.44
Generic		19.16		33.33
No One		4.19		0.00
Dated	167	25.75	27	22.22
Demonstrated Organized Thoughts	167	91.62	27	92.59
Addressee Indicated	167	67.66	27	70.37
Justification Provided	167	62.28	27	62.96
Mentioned School Problems	167	3.59	27	0.00
Mentioned Interpersonal Problems	167	39.52	27	74.07
Mentioned Job Problems	167	6.59	27	3.70
Mentioned Burden	167	7.78	27	3.70
Demonstrated Apathy	167	2.40	27	0.00
Provided Advice	167	22.75	27	18.52
Mentioned Physical Pain	167	14.37	27	7.41
Mentioned Medication	167	10.18	27	3.70
Provided Apology—General	167	33.53	27	48.15
Provided Apology—Personal	167	43.71	27	55.56
Demonstrated Cognitive Constriction	167	23.95	27	33.33
Used Quotations	167	5.99	27	3.70
Attributed Blame	167	13.77	27	7.41
Absolved From Blame	167	20.96	27	22.22
Mentioned Shame	167	4.19	27	0.00
Life Not Worth Living	167	15.57	27	11.11
Precipitating Factor	167	22.75	27	40.74
Instructions Only	167	2.99	27	7.41
Mentioned Abuse	167	4.79	27	3.70
Mentioned Escape	167	29.94	27	25.93
Mentioned Body Image	167	2.40	27	0.00
Mentioned Guilt	167	6.59	27	3.70
Demonstrated Ambivalence	167	7.19	27	11.11
Mentioned Psychological Pain	167	21.56	27	14.81
Mentioned Unspecified Pain	167	15.57	27	18.52
Mentioned Finances	167	14.37	27	11.11
Mentioned Legal Problems	167	8.98	27	7.41
Dichotomous Thinking	167	8.98	27	7.41
Feeling Sadness	167	8.38	27	7.41
Feeling Lonely	167	10.78	27	11.11
Feeling Joy	167	4.79	27	3.70
Feeling Anger	167	4.19	27	0.00

Feeling Tired	167	10.78	27	11.11
Feeling Hopeless	167	7.78	27	3.70
Feeling Relief	167	2.99	27	3.70
Feeling Worthless	167	91.02	27	3.70
Loved by Others	167	13.77	27	14.81
Love For Others	167	76.05	27	88.89
Discrimination	167	5.39	27	3.70
Feels Like a Failure	167	16.77	27	14.81
Signature	157	69.43	26	76.92
Typed	166	7.23	27	3.70
Sent via Mail	167	1.20	27	0.00
Mention of God/Religion	166	33.13	27	29.63
Use of Humor	167	2.99	27	0.00
Mentioned Afterlife				
Positive	30	60.00	9	33.33
Negative		23.33		11.11
Neutral		16.67		11.11
Uncertain		0.00		33.33
Positive and Uncertain		0.00		11.11
Morality of Suicide				
Moral	20	5.00	5	0.00
Immoral		95.00		66.67
Unclear		0.00		33.33
Mentioned Deceased Loved One	167	5.99	27	3.70
Living Relative	167	8.98	27	7.41
Watching Over	167	10.18	27	18.52
Forgiveness: Asks for Self	167	31.14	27	29.63
Forgiveness: Asks for Other(s)	167	1.20	27	0.00
Forgiveness: Gives to Self	167	0.00	27	0.00
Forgiveness: Gives to Other(s)	167	1.20	27	0.00
No Foul Play	167	5.99	27	0.00
Instructions				
Disposal of Body	167	20.96	27	14.81
Do Not Resuscitate		7.78		7.41
Disposal of Property		25.75		29.63
Manage Affairs		23.35		22.22
Repay Debt		2.99		7.41
Custody Issues		0.60		0.00
Care of		22.16		25.93
Other		26.35		22.22

Note. All instances in which variables could not be verified (Unknown) were not included in the calculations.

Appendix D

Gendered Comparison of Both Samples

Gendered Analysis of Overall Note Writer Sample and the Relationship Sample

	Overall				Relationship			
	Males		Females		Males		Females	
	n	Percent	n	Percent	n	Percent	n	Percent
Month of Death								
Jan	123	13.00	44	13.64	21	14.29	6	33.33
Feb		7.31		4.55		19.05		16.67
Mar		8.13		11.36		9.52		0.00
Apr		9.77		9.09		9.52		16.67
May		7.31		2.27		4.76		0.00
Jun		13.00		9.09		4.76		0.00
Jul		4.07		13.64		0.00		0.00
Aug		8.13		2.27		4.76		0.00
Sep		8.94		6.82		4.76		0.00
Oct		8.13		9.09		14.29		16.67
Nov		4.88		6.82		4.76		0.00
Dec		7.31		11.36		9.52		16.67
Day of Death								
1-15	123	43.90	44	43.18	21	38.10	6	50.00
16-30		56.10		56.82		61.90		50.00
Season								
Winter	123	29.27	44	27.27	21	42.86	6	50.00
Spring		26.02		22.73		23.81		16.67
Summer		25.20		20.45		4.76		0.00
Fall		19.51		29.55		28.57		33.33
Weekday								
Monday	123	17.89	43	13.95	21	4.76	6	40.00
Tuesday		16.26		13.95		38.10		0.00
Wednesday		24.39		9.30		14.29		0.00
Thursday		10.57		20.93		14.29		20.00
Friday		8.13		13.95		0.00		0.00
Saturday		11.38		2.33		14.29		0.00
Sunday		11.38		25.58		14.29		40.00
Age								
14-18	123	2.44	44	0.00	21	0.00	6	0.00
20-29		18.70		11.36		23.81		0.00
30-39		11.38		29.55		14.29		50.00
40-49		34.15		25.00		38.10		16.67
50-59		15.45		20.45		23.81		33.33
60-69		7.32		11.36		0.00		0.00
70-79		6.50		0.00		0.00		0.00

80-89		2.44		2.27		0.00		0.00
90-99		1.63		0.00		0.00		0.00
Race								
White	123	93.50	44	97.23	21	95.24	21	100.00
Black		5.70		2.27		4.76		0.00
Other		0.81		0.00		0.00		0.00
Had Children	123	82.35	44	90.91	12	100.00	3	66.67
Occupation								
Student	62	4.84	17	0.00	9	0.00	5	0.00
Unemployed		35.48		4.17		11.11		20.00
Retired		14.52		11.76		0.00		0.00
Worker		37.10		47.06		77.77		80.00
Other		8.06		0.00		11.11		0.00
Living Situation								
Alone	77	33.48	33	39.39	11	72.73	6	50.00
With Spouse/Partner		12.99		6.06		18.18		50.00
With Family/Parents		33.77		42.42		9.09		0.00
With Kids		2.60		18.18		0.00		0.00
Other		2.60		0.00		0.00		0.00
Financial Problems	39	92.31	12	91.67	3	100.00	2	50.00
Military History	19	57.89	2	0.00		0.00		0.00
Legal Problems	34	82.35	9	77.78	4	100.00	1	100.00
Physical Illness	53	86.79	21	100.00	5	100.00	5	100.00
Substance Abuse								
Yes	46	73.91	17	70.59	4	100.00	3	66.66
History		10.87		23.53		0.00		33.33
Psychological Illness	71	91.55	37	100.00	10	90.00	5	100.00
Previous Attempt	33	63.64	14	85.71	6	50.00	1	100.00
Sough Help	34	58.82	17	88.24	5	80.00	1	100.00
School Problems	20	35.00	5	0.00	0	0.00	0	0.00
Homeless	66	4.55	24	0.00	21	0.00	6	0.00
Minority Identity	16	43.75	7	28.57	0	0.00	0	0.00
Interpersonal Problems	66	93.94	21	85.71	20	100.00	4	100.00
Abuse								
Sexual Assault	9	0.00	5	20.00	0	0.00	0	0.00
Verbal		33.33		0.00		0.00		0.00
Molestation		22.22		0.00		0.00		0.00
Rape		33.33		0.00		0.00		0.00
Domestic Violence		0.00		40.00		0.00		0.00
Childhood		0.00		40.00		0.00		0.00
Other		11.11		0.00		0.00		0.00
Abuse 2								
Victim	10	10.00	5	100.00	0	0.00	0	0.00
Perpetrator		80.00		0.00		0.00		0.00
Both		10.00		0.00		0.00		0.00
Location								

Home	122	75.41	44	79.55	21	71.43	6	66.67
Not Home		24.59		20.45		28.57		33.33
Room Location								
Bathroom	121	2.48	43	11.63	21	0.00	6	33.33
Bedroom		22.31		32.56		23.81		0.00
Living Room		13.22		11.63		28.57		16.67
Car		9.92		16.28		19.05		16.67
Note Found with Body	122	55.74	44	54.55	17	58.82	5	80.00
Suicide Type								
Single	123	100.00	44	97.73	21	100.00	6	100.00
Dual		0.00		2.27		0.00		0.00
Used Alcohol at Time of Suicide	38	73.68		63.64	5	60.00	4	50.00
Number of Notes								
One	123	69.11	44	61.36	21	52.38	6	100.00
Two		13.82		18.18		19.05		0.00
Three		6.50		6.82		19.05		0.00
Four		2.44		2.27		0.00		0.00
Five		1.63		4.55		4.76		0.00
Six or More		6.50		6.81		4.76		0.00
Word Count								
1-25	123	15.45	44	11.36	21	9.52	6	16.67
26-150		39.84		40.91		28.57		50.00
151-300		20.33		13.64		38.10		16.67
301+		24.39		34.09		23.81		16.67
Trauma Type								
Asphyxia	122	28.69	44	25.00	21	23.81	6	16.67
Toxic Substance		12.30		45.45		9.52		50.00
Gunshot		56.56		22.73		61.90		33.33
Trauma Caused By								
Carbon Monoxide	122	9.84	44	6.82	21	14.29	6	0.00
Handgun		40.98		20.45		47.62		33.33
Ligature		17.21		13.64		9.52		16.67
Overdose		10.66		45.45		9.52		50.00
Rifle		4.92		0.00		9.52		0.00
Shotgun		10.66		2.27		4.76		0.00
Significant Loss								
Relationship	123	20.33	44	11.36	21	52.38	6	16.67
Disability	123	8.94	44	9.09	21	0.00	6	0.00
Mentions								
Partner/Ex-Partner	123	30.89	44	36.36	21	61.90	6	50.00
Friend		17.89		11.36		9.52		16.67
Child		30.89		50.00		42.86		33.33
Sibling		11.38		18.18		9.52		16.67
Parent		26.83		45.45		28.57		33.33
Family		21.95		36.36		14.29		16.67

Generic		21.38		13.64		38.10		16.67
Dated	123	21.95	44	36.36	21	23.81	6	16.67
Organized Thoughts	123	92.68	44	88.64	21	90.48	6	100.00
Addressee	123	61.79	44	84.09	21	71.43	6	66.67
Provided Justification	123	60.16	44	68.18	21	61.91	6	66.67
Gave Advice	123	19.15	44	31.82	21	9.52	6	50.00
Apology—General	123	39.84	44	15.91	21	52.38	6	33.33
Apology—Personal	123	41.46	44	50.00	21	57.14	6	50.00
Blame	123	18.82	44	13.64	21	9.52	6	0.00
Absolve from Blame	123	18.70	44	27.27	21	19.05	6	33.33
Precipitating Factor	123	20.33	44	29.55	21	38.10	6	50.00
Escape	123	28.46	44	34.09	21	28.57	6	16.67
Expressed Ambivalence	123	8.13	44	4.55	21	14.29	6	0.00
Unspecified Pain	123	15.45	44	15.91	21	14.29	6	33.33
Psychological Pain	123	17.07	44	34.09	21	14.29	6	16.67
Physical Pain	123	13.01	44	18.18	21	9.52	6	0.00
Medication Mentioned	123	8.13	44	15.91	21	0.00	6	16.67
Mentioned Finances	123	13.01	44	18.18	21	9.52	6	16.67
Legal Problems	123	8.13	44	11.36	21	9.52	6	0.00
Mentioned School Problems	123	4.88	44	0.00	21	0.00	6	0.00
Mentioned Interpersonal Problems	123	39.02	44	40.91	21	76.19	6	66.67
Mentioned Job Problems	123	5.69	44	9.09	21	4.76	6	0.00
Burden	123	6.50	44	11.36	21	0.00	6	16.67
Apathy	123	3.25	44	0.00	21	0.00	6	0.00
Sadness	123	7.32	44	11.36	21	9.52	6	0.00
Lonely	123	9.76	44	13.64	21	14.29	6	0.00
Joy	123	3.25	44	9.09	21	0.00	6	16.67
Anger	123	4.88	44	2.27	21	0.00	6	0.00
Tired	123	8.13	44	18.18	21	4.76	6	33.33
Cognitive Constriction	123	26.02	44	18.18	21	33.33	6	33.33
Hopeless	123	5.69	44	13.16	21	9.52	6	16.67
Shame	123	4.88	44	2.27	21	19.05	6	33.33
Life Not Worth Living	123	15.44	44	15.91	21	9.52	6	16.67
Mentioned Abuse	123	2.44	44	11.36	21	0.00	6	0.00
Body Image Concerns	123	1.63	44	4.55	21	0.00	6	0.00
Guilt	123	7.32	44	4.55	21	4.76	6	0.00
Dichotomous Thinking	123	8.13	44	11.36	21	4.76	6	16.67
Relief	123	3.25	44	2.27	21	4.76	6	0.00
Worthless	123	20.45	44	13.64	21	4.76	6	0.00
Discrimination	123	5.69	44	4.55	21	4.76	6	0.00
Loved by Others	123	10.57	44	22.73	21	9.52	6	33.33
Love for Others	123	73.17	44	84.09	21	90.48	6	83.33
Failure	123	17.07	44	15.91	21	9.52	6	33.33
Signature	123	65.04	44	65.91	21	80.95	6	50.00
Mentioned God/Religion	123	33.33	44	31.82	21	28.57	6	33.33

Used Humor	123	4.07	44	0.00	21	0.00	6	0.00
Mentioned Afterlife								
Positive	36	47.22	10	30.00	21	37.50	6	100.00
Negative		11.11		30.00		12.50		0.00
Neutral		11.11		10.00		12.50		0.00
Uncertain		30.56		30.00		37.50		0.00
Asks for Forgiveness of Self	123	27.64	44	40.91	21	23.81	6	50.00
Watching Over	123	9.76	44	11.36		19.05		16.67
Instructions								
Disposal of Body	123	18.70	44	27.27	21	9.52	6	33.33
Disposal of Property		26.02		25.00		33.33		16.67
Repay Debt		4.07		0.00		9.52		0.00
Care of:_____		16.26		38.64		23.81		33.33
Manage Affairs		21.14		29.55		23.81		16.67

Note. All instances in which variables could not be verified (Unknown) were not included in the calculations.

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